

NO. 14-1891

UNITED STATES COURT OF APPEALS
FOR THE EIGHTH CIRCUIT

LOUIS JERRY EDWARDS, M.D. et al.,
Plaintiffs - Appellees,

v.

JOSEPH M. BECK, M.D., et al.,
Defendants – Appellants

APPEAL FROM THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS
WESTERN DIVISION

THE HONORABLE SUSAN WEBER WRIGHT
UNITED STATES DISTRICT COURT JUDGE

BRIEF FOR AMICI CURIAE LIBERTY COUNSEL, INC. AND CONCEPTS OF
TRUTH, INC. IN SUPPORT OF DEFENDANTS-APPELLANTS
URGING REVERSAL

Matthew D. Staver
Anita L. Staver
LIBERTY COUNSEL
P.O. Box 540774
Orlando, FL 32854
Phone: (800) 671-1776
Email: court@LC.org
Attorneys for Amicus Curiae

Mary E. McAlister
Daniel J. Schmid
LIBERTY COUNSEL
P.O. Box 11103
Lynchburg, VA 24506
Phone: (800) 671-1776
Email: court@LC.org
Attorneys for Amicus Curiae

CORPORATE DISCLOSURE STATEMENT

Amici Curiae are not nongovernmental entities with any parent corporation or any publicly held corporation that owns 10% or more of their stock.

TABLE OF CONTENTS

CORPORATE DISCLOSURE STATEMENT.....i

TABLE OF CONTENTSii

TABLE OF AUTHORITIES.....iii

INTEREST OF AMICI1

ARGUMENT2

I. THE PROTECTION OF CHILDREN IN THE WOMB HAS ALWAYS BEEN AVITAL GOVERNMENT INTEREST.....2

A. The Protection of Children in the Womb Dates Back to Ancient Greece.....2

B. Pre-Twentieth Century American Common Law And Medical Treatises Protected Children In The Womb As Live Human Beings.....8

C. Early Twentieth Century American Courts Continued To Uphold Abortion Laws And Other Enactments That Protected Children In The Womb.....10

D. Twentieth Century American Jurisprudence Reflected A Cultural Transformation That Diminishes The Humanity of Children in the Womb.....13

II. ARKANSAS’ HUMAN HEARTBEAT PROTECTION ACT COMPORTS WITH SUPREME COURT PRECEDENT.....16

A. The Act Comports with Recent Supreme Court Jurisprudence Balancing a Woman’s Right to Abortion with the State’s Interests in Protecting Children in the Womb and the Health of the Woman.....17

B. Section 1304 Does Not Place An Undue Burden On A Woman’s Right To Abortion.....22

C. The States Has A Compelling Interest In Section 1304.....24

CONCLUSION.....27

TABLE OF AUTHORITIES

Cases

Anderson v. Commonwealth, 190 Va. 665 (1950).....11
Anonymous, 170 Eng. Rep. 1310 (N.P. 1811) 7
Bowlan v. Lunsford, 54 P.2d 666 (Okla. 1936)11
Buck v. Bell 274 U.S. 200 (1927).....13
Doe v. Bolton, 410 U.S. 179 (1973) 14, 18
Dred Scott v. Sandford, 60 U.S. 393 (1856).....12
Edwards v. State, 112 N.W. 611 (Neb. 1907)11
Furman v. Georgia, 408 U.S. 238 (1972).....13
Gonzales v. Carhart, 550 U.S. 124 (2007). *passim*
Hicks v. Alabama, 2014 WL 1508698 (2014).....9, 14
Joy v. Brown, 173 Kan. 833 (1953)11
Lamb v. State, 67 Md. 524 (1887)10
People v. Sessions, 58 Mich. 594 (1886).....10
Planned Parenthood of Minn, N.D., S.D. v. Rounds,
686 F.3d 889 (8th Cir. 2012) (en banc).....19
Planned Parenthood of Southeastern Pa. v. Casey, 505 U.S. 833 (1992) *passim*
R. v. Wycherley, 173 Eng. Rep. 486 (N.P. 1838).....8
Roe v. Wade, 410 U.S. 113 (1973)..... *passim*
Smith v. State, 33 Me. 48 (1851).....9
State v. Briggs, 152 Vt. 531 (1989)10
State v. Cox, 197 Wash. 67 (1938).....11
State v. Crook, 16 Utah 212 (1898)10
State v. Gedicke, 43 N.J.L. 86 (Sup. Ct. 1881)10
State v. Howard, 32 Vt. 380 (1859)10
State v. Siciliano, 21 N.J. 249 (1956)12
State v. Slagle, 83 N.C. 630 (1880).....10
Trent v. State, 15 Ala. App. 485 (1916).....11
Y. B. 1 Edw. 3, fol. 23, Mich. pl. 18 (1327)11

Other Authorities

Cyril C. Means, *The Phoenix of Abortional Freedom: Is a Penumbra or Ninth-Amendment Right About to Arise from the Nineteenth-Century Legislative Ashes of a Fourteenth-Century Common-Law Liberty?*, 17 N.Y.L.F. 335 (1971)4

Frederick N. Dyer, THE PHYSICIANS’ CRUSADE AGAINST ABORTION (Science History Publications, USA 2005)3, 7

G. Grisez, ABORTION: THE MYTHS, THE REALITIES, AND THE ARGUMENTS (1970).3

Horatio Storer ON CRIMINAL ABORTION IN AMERICA (1860)16

Judith A. Reisman, Ph.D., SEXUAL SABOTAGE (2011)..... 12, 15

Quay, *Justifiable Abortion-Medical and Legal Foundations*, 49 GEO. L.J. 395 (1961).....3

Randy Beck, *The Essential Holding of Casey: Rethinking Viability*, 75 UMKC L. REV. 713, 718-719 (2007).20

Recommended Standards for Abortion Services, 61 AM. J. PUB. HEALTH 396 (1971).....16

Robert M. Byrn, *An American Tragedy: The Supreme Court on Abortion*, 41 FORDHAM L. REV. 807 (1973) *passim*

South Dakota Task Force on Abortion (2005).....25

Thomas Percival, THE WORKS, LITERARY, MORAL, AND MEDICAL OF THOMAS PERCIVAL, M.D., (London: Crutwell, 1807).....7

Treatises

E. Coke,
INSTITUTES OF ENGLISH LAW III 50 (1644).....5

M. Hale,
1 HISTORY OF THE PLEAS OF THE CROWN 433(1736).....6

William Blackstone,
1 COMMENTARIES ON THE LAWS OF ENGLAND (Philadelphia, George T. Bisel Co. 1922)6

INTEREST OF AMICUS CURIAE¹

Liberty Counsel, Inc.

Liberty Counsel is a nonprofit litigation, education and policy organization dedicated to advancing religious freedom, the sanctity of human life and the family. A critical aspect of Liberty Counsel's mission is to preserve and protect the inalienable right to life guaranteed to all, including unborn children.

This case cuts to the core of the issue of the right to life for children in the womb. The District Court's invalidation of those portions of Arkansas' statute which prohibit abortions on unborn children determined to be of 12 weeks gestation or more failed to address the significant interests underlying the legislature's enactment of the law. Liberty Counsel has amassed substantial materials on the history of protection of the right to life for unborn children and believes the information will be critical to this Court's determination.

Concepts of Truth, Inc.

Concepts of Truth, Inc. ("Concepts") is a non-profit corporation based in Wynne, Arkansas that provides counseling, education, testing, and other services to pregnant women. Concepts' central purpose is to help protect pregnant clients'

¹ Pursuant to Fed. R. App. P. 29(c)(5), amicus states that no party's counsel authored this brief in whole or in part, and that no party or person other than amicus, its members, and its counsel contributed money towards the preparation or filing of this brief.

free and informed exercise of their rights—particularly the right to maintain their relationship with the children in their wombs. Concepts also seeks to protect and provide for the children of their clients, both those born and those yet in the womb, and to speak for those who have no voice. To that end, Concepts’ staff counsels clients on how and whether they can obtain community or housing assistance, and the rights they have to obtain support for their children. Where needed and appropriate, Concepts provides material assistance to the pregnant clients.

Therefore, in accordance with Fed. R. App. P. 29(b), upon leave of this Court, Liberty Counsel, Inc. and Concepts of Truth, Inc. respectfully submit this Amicus Brief for the Court’s consideration.

ARGUMENT

I. THE PROTECTION OF CHILDREN IN THE WOMB HAS ALWAYS BEEN A VITAL GOVERNMENT INTEREST.

A. The Protection of Children in the Womb Dates Back to Ancient Greece.

Long before modern medicine gave physicians a window into the womb and even before the process of conception, gestation and birth were fully understood, society recognized that preborn children were not merely lumps of tissue that could be discarded with impunity. The Hippocratic Oath, credited to Greek physician Hippocrates, specifically prohibited physicians from inducing abortion. One

translation reads: “I will not give to a woman a pessary to produce abortion.”² Another translation reads: “I will not give a woman an abortive remedy.”³ Thus, the medical profession was founded upon the recognition of and respect for the humanity of children in the womb.

Building upon that foundation, Anglo-Saxon law before the Norman Conquest penalized abortion both civilly and ecclesiastically.⁴ The common law disapproved of abortion as *malum in se* and sought to protect children from the moment that their biological existence could be proven.⁵ By the 13th Century, scientists taught that a separate life existed once the child’s form became recognizable, at approximately 40 days gestation.⁶ Law followed science as legal scholars condemned abortion of a fetus “formed [or] animated, and particularly if it be animated,” as homicide.⁷

The Supreme Court majority in *Roe v. Wade*⁸ mischaracterized early reported cases in the 14th Century, which did not classify abortion as “murder,” as

² Frederick N. Dyer, *THE PHYSICIANS’ CRUSADE AGAINST ABORTION* 10 (Science History Publications, USA 2005).

³ *Id.*

⁴ Robert M. Byrn, *An American Tragedy: The Supreme Court on Abortion*, 41 *FORDHAM L. REV.* 807, 816 (1973) (citing G. Grisez, *ABORTION: THE MYTHS, THE REALITIES, AND THE ARGUMENTS* 186-87 (1970) and Quay, *Justifiable Abortion—Medical and Legal Foundations*, 49 *GEO. L.J.* 395, 431 (1961)).

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ 410 U.S. 113 (1973).

somehow reflecting a common law “freedom” for pregnant women to procure abortions without threat of criminal sanction.⁹ In fact, however, the early cases merely reflected the state of scientific knowledge at that time in the context of the stringent proof requirements for a murder conviction.¹⁰ Legal and medical experts did not have the tools available to determine whether a child who was stillborn following an injury was alive at the time of the injury, and therefore could not make the “beyond a reasonable doubt” determination that the defendant had killed a child who was alive at the time of the incident.¹¹ Reviewing the early cases in context shows that the failure to indict was not due to a lack of recognition of the humanity of children in the womb, but to problems of proof, *i.e.*, had the abortionist’s act really been the cause of the death of the child?¹² The cases recognized that killing a child in the womb was a crime, but proof problems made prosecution and conviction for homicide difficult.¹³

Nevertheless, some 16th Century legal scholars used the early cases to inaccurately claim that, as a practical matter, abortion was not a crime—an

⁹ Byrn at 816-17.

¹⁰ *Id.* at 818.

¹¹ *Id.* at 817.

¹² *Id.* (citing Cyril C. Means Jr., *The Phoenix of Abortional Freedom: Is a Penumbra or Ninth-Amendment Right About to Arise from the Nineteenth-Century Legislative Ashes of a Fourteenth-Century Common-Law Liberty?*, 17 N.Y.L.F. 335 (1971), translating Y. B. 1 Edw. 3, fol. 23, Mich. pl. 18 (1327)).

¹³ *Id.* at 819.

assertion that the *Roe* majority adopted, in part, as justification for the conclusion that the child in the womb was not protected by the Fourteenth Amendment.¹⁴

In the 17th Century, English commentators developed definitions to assist with the problems of proof that plagued early cases. Sir Edward Coke drafted a definition of abortion that became a fixture in English law:

If a woman be quick with childe, and by a Potion or otherwise killeth it in her wombe; or if a man beat her, whereby the childe dieth in her body, and she is delivered of a dead childe, this is a great misprison [misdemeanor], and no murder: but if the childe be born alive, and dieth of the Potion, battery, or other cause, this is murder: for in the law it is accounted a reasonable creature, *in rerum natura*, when it is born alive.¹⁵

Coke recognized that, in the context of 17th Century medical knowledge, the difficulty of proving that a child was alive in utero at the time of injury or ingestion of toxins meant that the birth of a stillborn child could not be proven to be murder.

As the 17th Century came to a close, “the law of abortion appears to have been as follows:”¹⁶

First, an abortion of a woman “quick with child” resulting in the live birth and subsequent death of the child was either murder or “a great crime.” Second, an abortion of a pregnant woman “quick with child” resulting in a stillbirth was a “great misprison.” Third, an abortion of a pregnant woman, at any stage of pregnancy, which resulted in her death, was felony murder. Fourth, every unborn child was “a person *in rerum natura*” at common law except that problems of proof precluded such a designation in criminal abortion situations. Fifth, at the very

¹⁴ *Id.*

¹⁵ *Id.* at 819-20 (citing E. Coke, *INSTITUTES OF ENGLISH LAW* III 50 (1644)).

¹⁶ *Id.* at 822-23.

least, abortion was regarded as *malum in se*, a secular wrong to the unborn child, and can hardly be said to have been considered a “freedom” of the pregnant woman. Sixth, the 1327 and 1348 cases are not contrary to any of these rules.¹⁷

Legal commentator Sir Matthew Hale, like Coke, characterized abortion as a great crime, but did not include it as homicide because of proof problems inherent in obtaining a murder conviction.¹⁸ As was true with Coke, Hale recognized that the child in the womb is a living human being.

But if a woman be with child, and any gives her a potion to destroy the child within her, and she takes it, and it works so strongly, that it kills her, this is murder, for it was not given to cure her of a disease, but unlawfully to destroy her child within her, and therefore he that gives a potion to this end, must take the hazard, and if it kill the mother, it is murder, and so ruled before me at the assizes at Bury in the year 1670.¹⁹

Blackstone echoed Coke’s and Hale’s statements regarding the humanity of the child in the womb, and added detailed discussion of various legal scenarios to help clarify the definitional problems that had plagued courts that were unable to establish evidence of a living being at the time of injury.²⁰ Blackstone introduced the concept of “quickening,” when the mother feels the baby’s movements, as a starting point for legal recognition of a right to life for children in the womb.²¹

¹⁷ *Id.*

¹⁸ *Id.* at 821-22 (citing 1 M. Hale, HISTORY OF THE PLEAS OF THE CROWN 433 (1736)).

¹⁹ *Id.* (citing M. Hale at 429-30).

²⁰ Blackstone, COMMENTARIES at 129-30.

²¹ *Id.*

Building upon that foundation, legislators, courts and medical professionals in the 19th Century erected a number of milestones in legal protection for children in the womb in England. In 1803, England adopted the first statute to provide abortion protection for the child in the womb.²² It imposed greater penalties for an abortion of a woman “quick with child” than one performed on a woman “not being, or not being proved to be, quick with child.”²³ It is noteworthy that the statute punished abortion on a woman before quickening, which illustrated an increased sensitivity to the child’s right to life at all stages of gestation.²⁴

In the same vein, in that same year physician Thomas Percival published his widely quoted treatise, *Medical Ethics*, which included blistering attacks on physicians who performed abortions. Dr. Percival wrote:

To extinguish the first spark of life is a crime of the same nature, both against our Maker and society, as to destroy an infant, a child, or a man; these regular and successive stages of existence being the ordinances of God, subject alone to His divine will, and appointed by sovereign wisdom and goodness as the exclusive means of preserving the race, and multiplying the enjoyments of mankind.²⁵

*Anonymous*²⁶ was the first case decided under the English statute and first to articulate the “quickening” rule for delineating when the right to life attaches to a

²² Byrn at 824 (citing 43 Geo. 3 ch. 58, § 2 (1803)).

²³ *Id.*

²⁴ *Id.*

²⁵ Dyer at 10 (citing 2 Thomas Percival, *THE WORKS, LITERARY, MORAL, AND MEDICAL OF THOMAS PERCIVAL, M.D.*, 430-31(London: Crutwell, 1807)).

²⁶ 170 Eng. Rep. 1310 (N.P. 1811).

child in the womb. In *R. v. Wycherley*, the court reinterpreted an ancient common law rule which forbade the execution of a death sentence upon a woman “quick with child” when it instructed the jury that “‘Quick with child’ is having conceived. ‘With quick child’ is when the child has quickened.”²⁷

The change in the common law reflected in *Wycherley* resulted from advancements in medical science in the 19th Century. Prior to 1827, scientists believed that the male inseminated the female by implanting a seed, which grew within the woman in distinct stages.²⁸ It was not until “formation” that a new, distinct, separate life could be said to exist, which is why “formation and animation” were the defining characteristics in Blackstone, Coke, Hale and other commentaries.²⁹ The ovum was discovered in 1827, and scientists understood the true nature of conception as co-semination instantly producing a new life.³⁰ As a result, Parliament enacted a new anti-abortion statute that imposed a common penalty for all abortive acts. The child in the womb was effectively protected from the moment of conception.³¹

B. Pre-Twentieth Century American Common Law And Medical Treatises Protected Children In The Womb As Live Human Beings.

²⁷ 173 Eng. Rep. 486 (N.P. 1838).

²⁸ Byrn at 825.

²⁹ *Id.*

³⁰ *Id.*

³¹ *Id.*

At the time that the 14th Amendment, upon which the *Roe* Court relied for its finding of a constitutional “right” to abortion, was ratified in 1868, 28 of the 37 states prohibited abortion prior to quickening.³² By 1883, seven additional states had criminalized pre-quickening abortion.³³

Whatever may be said of the common law and the early nineteenth century, it is evident that in the period from 1859 to 1871, spanning a war fought to vindicate the essential dignity of every human being and the subsequent ratification of the fourteenth amendment in 1868, the anti-abortion mood prevalent in the United States can be explained only by a desire to protect live human beings in the womb from the beginning of their existence.³⁴

American courts in the 19th Century consistently recognized the inherent humanity of children in the womb from the time of conception, not merely from the time of “quickening.” Some went a step further to affirm the sanctity of human life as a gift from God.³⁵ The Supreme Judicial Court of Maine said that the legislature had changed the prior common law rule that an act causing an abortion prior to quickening was not a criminal offense. *Smith v. State*, 33 Me. 48, 57 (1851). The Vermont Supreme Court clarified that the child in the womb was protected from the time of conception when it refused to construe a statute defining abortion as an act to procure a miscarriage of a woman “pregnant with child” to

³² Byrn at 836.

³³ *Id.*

³⁴ *Id.*

³⁵ Courts are continuing to do so today, as evidenced by the Alabama Supreme Court’s April 18, 2014 decision in *Hicks v. State*, 2014 WL 1508698 (Ala. 2014).

require proof that the child was alive in utero prior to the act. *State v. Howard*, 32 Vt. 380, 399-400 (1859) (overruled on other grounds, *State v. Briggs*, 152 Vt. 531, 543 n.3 (1989)).

Similarly, the North Carolina Supreme Court refused to confine the crime of abortion to after a woman is “quick with child” and held that “it may be committed at any stage of pregnancy.” *State v. Slagle*, 83 N.C. 630, 632 (1880). *Accord*, *State v. Gedicke*, 43 N.J.L. 86, 90 (Sup. Ct. 1881)) (statute was designed to protect the life of children in the womb as well as the life and health of the mother); *People v. Sessions*, 58 Mich. 594, 596 (1886) (“To attempt to produce an abortion or miscarriage, except when necessary to save the life of the mother, . . . is an unlawful act, and has always been regarded as fatal to the child and dangerous to the mother.”); *Lamb v. State*, 67 Md. 524 (1887) (abortion is a crime at common law without regard to the stage of gestation); *State v. Crook*, 16 Utah 212 (1898) (upholding law criminalizing acts intended to procure miscarriage without differentiating between stages of gestation).

C. Early Twentieth Century American Courts Continued To Uphold Abortion Laws And Other Enactments That Protected Children in the Womb.

American courts in the early 20th Century reinforced respect for and the inherent humanity of children in the womb. Courts rejected defendants’ attempts to

interpret anti-abortion statutes to delay recognition of the humanity of children in the womb and thereby escape conviction.

As the Nebraska Supreme Court said, “at common law it was thought that a person could not be guilty of abortion unless the pregnant woman was quick with child,” but due to the confusion caused by its misinterpretation, the legislature made it clear that abortion was punishable at every stage of pregnancy. *Edwards v. State*, 112 N.W. 611, 612 (Neb. 1907). Under the Nebraska statute, the crime occurred when a physician or other person administered any substance “to any pregnant woman with a vitalized embryo, or foetus, at any stage of utero-gestation” with the intent to procure an abortion. *Id.* The court found that the use of the words “at any stage of utero-gestation,” in the statute meant at any stage of pregnancy. *Id.*

The Alabama Court of Appeals explicitly stated that a child in the womb acquires legal protection at the moment of conception, using language reminiscent of the criticism leveled against physicians by their 19th Century peers. *Trent v. State*, 15 Ala. App. 485, 488 (1916), *cert. denied*, 198 Ala. 695 (1917). *Accord, Bowlan v. Lunsford*, 54 P.2d 666, 668 (Okla. 1936) (“anti-abortion statutes in Oklahoma were enacted and designed for the protection of the unborn child and through it society”); *State v. Cox*, 197 Wash. 67, 77 (1938) (Washington anti-abortion statute was “designed to protect the life of the mother as well as that of her child”); *Anderson v. Commonwealth*, 190 Va. 665, 673 (1950) (the abortion

statute was aimed at protecting children in the womb as well as pregnant women.); *Joy v. Brown*, 173 Kan. 833, 839 (1953) (statute is designed to protect the life of the child in the womb and the mother); *State v. Siciliano*, 21 N.J. 249, 257-58 (1956) (same).

These cases reflect the underlying child-protective worldview in society in pre- and immediately post-World War II America.³⁶ This worldview was exemplified by the “baby boom,” which began with the end of the war in 1945 and saw births leap to 3.4 million in 1946 and 3.9 million in 1947, and by the public disapproval of “illegitimacy.”³⁷ Less than a quarter century later, the United States moved from that child-protective worldview to one under which “the word ‘person,’ as used in the Fourteenth Amendment, does not include the unborn.” *Roe v. Wade*, 410 U.S. 113, 158 (1973). When viewed in the context of history, it is apparent that “*Roe v. Wade* is in the worst tradition of a tragic judicial aberration that periodically wounds American jurisprudence and, in the process, irreparably harms untold numbers of human beings.”³⁸ “Three generations of Americans have witnessed decisions by the United States Supreme Court which explicitly degrade fellow human beings to something less in law than ‘persons in the whole sense.’”³⁹

³⁶ Judith A. Reisman, Ph.D., *SEXUAL SABOTAGE*, 88-89 (2011).

³⁷ *Id.*

³⁸ *Byrn* at 809.

³⁹ *Id.* (citing *Roe v. Wade*, 410 U.S. at 162) (“the unborn have never been recognized in the law as persons in the whole sense.”)).

“One generation was present at [*Dred*] *Scott v. Sandford*, [60 U.S. 393 (1856)] another at *Buck v. Bell*, [274 U.S. 200 (1927) [affirming state sterilization of mentally challenged adults] and now a third at *Roe v. Wade*.”⁴⁰

A review of the sociological history of the United States reveals that *Roe* was not a sudden seismic cultural shift, but the result of a gradual, decades-long social decline.

D. Twentieth Century American Jurisprudence Reflected a Cultural Transformation That Diminished the Humanity of Children in the Womb.

Well into the 20th Century Supreme Court decisions reflected that respect for human life, including children in the womb, was basic to civilization. For example, in a case invalidating a death penalty statute just one year before *Roe*, Justice Brennan said, “if the deliberate extinguishment of human life has any effect at all, it more likely tends to lower our respect for life and brutalize our values.” *Furman v. Georgia*, 408 U.S. 238, 303 (1972) (Brennan, J. concurring). Even 24 years after *Roe*, the Court continued to say that “[t]he right to life and to personal security is not only sacred in the estimation of the common law, but it is inalienable.” *Washington v. Glucksberg*, 521 U.S. 702, 715 (1997).

However, in *Roe*, the Court concluded that a child in the womb was not a “person” guaranteed that inalienable right to life. *Roe v. Wade*, 410 U.S. 113, 158

⁴⁰ *Id.*

(1973). Instead, according to the *Roe* majority, a child in the womb is merely “potential life” subject to protection by the state at “viability.” *Id.* at 163. Consequently, women can “terminate” their pregnancy, *i.e.*, kill their “non-viable” child in the womb, without interference from the state. *Id.* at 163. One legal commentator observed that as a result of *Roe* and the companion decision in *Doe v. Bolton*, 410 U.S. 179 (1973), children in the womb could legally be denied the right to life until birth.⁴¹

Alabama Supreme Court Justice Parker described the Court’s abortion decisions as a “jurisprudential quagmire of arbitrary and inconsistent decisions addressing the recognition of an unborn child’s right to life.” *Hicks v. State*, 2014 WL 1508698, *17 (2014) (Parker, J. concurring). “This legal conundrum has been described as follows:

While logic may not be the life of the law in all circumstances, should logic and law be at swords’ point? One does not have to be an Aristotelian to recognize the law of non-contradiction. This principle states that it is impossible for a thing to be and not to be at the same time and in the same respect. When it comes to the personhood of the unborn, the law of logic is today sorely challenged by the collision course of fetal rights laws and abortion laws.”

Id. at *18 (citing Roger J. Magnuson & Joshua M. Lederman, *Aristotle, Abortion, and Fetal Rights*, 33 WM. MITCHELL L. REV. 767, 769 (2007)).

⁴¹ Byrn at 812-13.

The “jurisprudential quagmire” ushered in by *Roe* was a sweeping reversal of centuries of legal and social protection of children in the womb based upon a diminished recognition of the humanity of the child in the womb.⁴² That perception was, in turn, based upon societal changes that undermined the child-protective worldview prevalent immediately before and after World War II.⁴³ Among those changes was the adoption of the American Law Institute’s Model Penal Code (“MPC”) in 1955. *Roe*, 410 U.S. at 140. According to the *Roe* Court, “a trend toward liberalization of abortion statutes has resulted in adoption, by about one-third of the States, of less stringent laws, most of them patterned after the ALI Model Penal Code.” *Id.* That societal change included a shift of focus from protection of the child in the womb to protection of the mother as the only “patient.” *Id.* at 143-47.

The shift of focus was exemplified by the AMA, whose members championed the rights of children in the womb in the physicians’ crusade against abortion in the 19th Century, but then became supporters of abortion by focusing solely on the health of the mother. *Id.* at 143. Citing “rapid changes in state laws and . . . judicial decisions which tend to make abortion more freely available,” the association adopted resolutions which permitted abortions if they were not contrary to “the best interests of the patient since good medical practice requires due

⁴² *Id.* at 814.

⁴³ *See*, Reisman, *SEXUAL SABOTAGE*, at 88-89.

consideration for the patient’s welfare.” *Id.* Only the mother was recognized as the patient, and the child in the womb became merely “*pars viscerum matris*” [part of the mother’s body], whose removal would “be like that of a limb or of any other portion of the body, whose loss is not absolutely attended with that of life.”⁴⁴ Similarly, the standards adopted by the APHA in 1970 addressed only the mother seeking an abortion, which should “be readily available through state and local public health departments, medical societies, or other non-profit organizations.” *Id.* at 144-45 (citing *Recommended Standards for Abortion Services*, 61 AM. J. PUB. HEALTH 396 (1971)).

Conspicuously absent from these resolutions by health care professionals was any consideration for children in the womb whose rights the members of these organizations were championing only a generation earlier. Tragically, the abandonment of protection for children in the womb by these organizations coincided with scientific advances that provided indisputable evidence of the humanity of the child in the womb through all stages of prenatal development.

II. ARKANSAS’ HUMAN HEARTBEAT PROTECTION ACT COMPORTS WITH SUPREME COURT PRECEDENT.

Contrary to the district court’s selective recitation of Supreme Court jurisprudence, Section 1304 is not prohibited under the Due Process Clause. Instead, Section 1304 is a reasonable balancing of the relative interests of pregnant

⁴⁴ Storer, ON CRIMINAL ABORTION IN AMERICA, at 9.

women and the State, as permitted under the Supreme Court's recent abortion decisions, including *Gonzales v. Carhart*, 550 U.S. 124, 146 (2007). Additionally, Section 1304 does not place an undue burden on a woman's right to abortion.

A. The Act Comports with Recent Supreme Court Jurisprudence Balancing a Woman's Right to Abortion with the State's Interests in Protecting Children in the Womb and the Health of the Woman.

When viewed in the context of the most recent Supreme Court precedent, the Act strikes the proper balance between a woman's right to abortion and the state's interests in protecting the child in the womb and the health of the woman. *Gonzales*, 550 U.S. at 146. The district court concluded that Section 1304 was unconstitutional solely upon the "viability" standard articulated 40 years ago in *Roe v. Wade*, 410 U.S. 113, 163 (1973) and upheld in other cases. (Order at 8). However, as medical advances have provided greater information about the developing child, the Supreme Court has recognized the need to balance the woman's right to abortion with the state's interests in protecting the rights of the child in the womb and the health of the mother. *Gonzales*, 550 U.S. at 146. Applying that more recent balancing test to the Act reveals that Section 1304 does not violate the Constitution.

The *Roe* majority concluded that the "compelling" point for the state's interest in protecting the life of the child in the womb vis-à-vis a woman's right to abortion was at "viability," but it did not objectively define the term. *Roe*, 410 U.S.

at 163. Instead, it utilized a trimester framework to delineate when the right of privacy of the mother outweighed the state's right to protect "potential" life. *Id.* at 163-64. The Court found that during the first trimester, the mother's right could not be infringed by the state, but from approximately the end of the first trimester to the end of the pregnancy, the state could regulate abortion as necessary to protect its compelling interest in the life of the child in the womb and the health of the mother. *Id.* at 164-65.

In *Planned Parenthood of Southeastern Pa. v. Casey*, the Supreme Court abandoned *Roe*'s trimester framework, but did not expressly overrule the "viability" standard. *Planned Parenthood of Southeastern Pa. v. Casey*, 505 U.S. 833, 870 (1992). The *Casey* Court called the trimester framework too rigid and abandoned it, in large part, because it failed to afford adequate recognition of the **"substantial state interest in potential life throughout pregnancy."** *Id.* at 876 (emphasis added). In particular, the Court affirmed that, even after *Roe*, the State has a weighty interest in protecting the life of the child in the womb and in furthering the health and safety of the woman. *Id.* at 873, 878. Consequently, "[s]tates are free to enact laws to provide a reasonable framework for a woman to make a decision that has such profound and lasting meaning." *Id.* at 873. There is no absolute right to obtain an abortion: "Even the broadest reading of *Roe* . . . has not suggested that there is a constitutional right to abortion on demand." *Id.* at 887

(citing *Doe v. Bolton*, 410 U.S. 179, 189 (1973)). Rather, the Court has recognized a “constitutional liberty of the woman to have **some freedom** to terminate her pregnancy.” *Casey*, 505 U.S. at 869 (emphasis added).

Affirming the state’s interest in protecting children in the womb and the health of the mothers, the *Casey* Court adopted the “undue burden” test for abortion regulations. *Id.* at 874.

Numerous forms of state regulation might have the incidental effect of increasing the cost or decreasing the availability of medical care, whether for abortion or any other medical procedure. **The fact that a law which serves a valid purpose, one not designed to strike at the right itself, has the incidental effect of making it more difficult or more expensive to procure an abortion cannot be enough to invalidate it.** Only where state regulation imposes an undue burden on a woman’s ability to make this decision does the power of the State reach into the heart of the liberty protected by the Due Process Clause.

Id. (emphasis added). The *Casey* Court explained that the right being protected is the woman’s right to make the ultimate choice regarding abortion, not a right to be insulated from all others in making that decision. *Id.* at 877.

“Regulations which do no more than create a structural mechanism by which the State, or the parent or guardian of a minor, may express profound respect for the life of the unborn are permitted, if they are not a substantial obstacle to the woman’s exercise of the right to choose.” *Id.* (emphasis added).

“Unless it has that effect on her right of choice, a state measure designed to persuade her to choose childbirth over abortion will be upheld if reasonably related

to that goal.” *Id.* at 878; *see also Planned Parenthood of Minn., N.D., S.D. v. Rounds*, 686 F.3d 889, 906 (8th Cir. 2012) (en banc) (same).

In *Gonzales*, the Court further diminished the “viability” standard relied upon by the district court, emphasizing the state’s right to “express profound respect for the life of the unborn.” *Gonzales*, 550 U.S. at 146. As one commentator explained, the difference between a “pre-viable” and “post-viable” fetus is not a difference *in kind*, but merely a difference *in degree* of development, which is not a constitutionally relevant distinction for purposes of restricting state regulation of abortion.⁴⁵ Seemingly in agreement with that distinction, the *Gonzales* Court upheld a law prohibiting a particular abortion procedure without differentiating between pre- or post-“viability.” *Id.*

In fact, the Court went further, and corrected *Roe*’s misleading description of the child in the womb being only a “potential” life. Indeed, the Court concluded that the law should be upheld even though it applied “both previability and postviability because, by common understanding and scientific terminology, **a fetus is a living organism while within the womb, whether or not it is viable outside the womb.**” *Id.* at 147 (emphasis added).

“The government may use its voice and its regulatory authority to show its

⁴⁵ Randy Beck, *The Essential Holding of Casey: Rethinking Viability*, 75 UMKC L. REV. 713, 728 (2007).

profound respect for the life within the woman.” *Id.* at 157. In this case, the state has used its voice and regulatory authority to show its profound respect for the life of the child in the womb by enacting Act 301, including Section 1304, even over the governor’s veto. The Act simply puts in place “a reasonable framework for a woman to make a decision that has such profound and lasting meaning.” *Casey*, 505 U.S. at 873. It requires that abortion providers perform an ultrasound examination to determine whether the child has a detectable heartbeat. Section 20-16-1303(a). If the provider detects a heartbeat, then he must provide the following written information to the mother: (1) that the human individual that the pregnant woman is carrying possesses a heartbeat; (2) the statistical probability of bringing the unborn human individual to term based on the gestational age of the unborn human individual possessing a detectible heartbeat; and (3) that an abortion is prohibited under Section 1304 of the Act if the woman is at least twelve weeks pregnant (and other circumstances are not present). Section 20-16-1303(d). These “measures aimed at ensuring that a woman’s choice contemplates the consequences for the fetus do not necessarily interfere with the right recognized in *Roe.*” *Casey*, 505 U.S. at 873.

Section 1304 is simply another reasonable measure designed to fit within the overall framework and purpose of the Act to protect the life of children in the womb within the boundaries of prevailing precedent. As the *Casey* Court said,

“[t]he fact that a law which serves a valid purpose, one not designed to strike at the right itself, has the **incidental effect** of making it more difficult or more expensive to procure an abortion cannot be enough to invalidate it.” *Id.* at 874 (emphasis added). The fact that Section 1304 might make it more inconvenient for a small number of women—not those facing a medical emergency, or a threat to their lives, or victims of rape or incest, **or the 90% who seek abortions during the first trimester anyway**—to procure an abortion does not render it invalid as a matter of law. *Id.*

B. Section 1304 Does Not Place an Undue Burden on a Woman’s Right to Abortion.

Measuring the Act by the Supreme Court’s undue burden formulation, Section 1304 withstands scrutiny. Section 1304 merely regulates abortions if an ultrasound performed at twelve weeks’ gestation discerns a heartbeat and the pregnancy does not pose a medical emergency, a threat to the mother’s life, or is not the result of rape or incest. This simply cannot constitute an undue burden, particularly in light of *Gonzales*. The *Gonzales* Court’s analysis of the partial-birth abortion statute illustrates how its finding that the statute there at issue did not place an undue burden upon a woman’s right to abortion is equally applicable to Section 1304.

The *Gonzales* Court emphasized that the statute reflected Congress’ legitimate concern for respecting the dignity of human life. *Gonzales*, 550 U.S. at

157. “Where it has a rational basis to act, and it does not impose an undue burden, the State may use its regulatory power to bar certain procedures and substitute others, all in furtherance of its legitimate interests in regulating the medical profession **in order to promote respect for life, including life of the unborn.**” *Id.* at 158 (emphasis added). “Respect for human life finds an ultimate expression in the bond of love the mother has for her child. The Act recognizes this reality as well.” *Id.* at 159. “The State’s interest in respect for life is advanced by the dialogue that better informs the political and legal systems, the medical profession, expectant mothers, and society as a whole of the consequences that follow from a decision to elect a late-term abortion.” *Id.*

Indeed, as the State rightly argues, **the Act does not impose any restrictions whatsoever on a woman’s ability to choose an abortion before twelve weeks.** Prior to that time, abortion is essentially available on demand with no limitations from the government.⁴⁶ It is only at that point where the child has progressed to twelve weeks development that the state imposes any restrictions on a woman’s access to abortion, and even then provides for several exceptions.

⁴⁶ Your Amici respectfully suggest that the State’s compelling interest in protecting the life of children in the womb and the health and safety of the mother warrant the criminalization of abortion at all stages, and *Roe*, *Casey* and their progeny should be overturned. Nevertheless, Section 1304 does not go that far, and is well within the bounds of existing Supreme Court precedent.

Women whose life and health are threatened by pregnancy will continue to be protected even if a heartbeat is detected after twelve weeks' gestation. The only hindrance to abortion will be to women whose pregnancy does not threaten their life or health or arise from rape or incest but have chosen to wait for more than twelve weeks (four months), a time when the child has developed a detectable heartbeat, to seek an abortion. When balanced against the rights of the child and the physical, emotional, and psychological well-being of the mother, the regulations do not create an undue burden on the right to abortion. Instead, the Act represents a legitimate use of the State's regulatory power "to bar certain procedures and substitute others, all in furtherance of its legitimate interests in regulating the medical profession in order to promote respect for life, including life of the unborn." *Gonzales*, 550 U.S. at 158. Section 1304 strikes a reasonable balance between the woman's right and the State's interest in protecting and preserving life.

C. The State Has A Compelling Interest In Section 1304.

The State's substantial interest in protecting the physical, emotional, and psychological well-being of the mother is plainly advanced by the requirements of Act 301. As Concepts demonstrates and numerous studies substantiate, in addition to terminating an innocent life, abortions can cause severe and irreparable harm to the woman's well being. Many post-abortive women report that they feel

depressed, are on anti-depressants (or desire to be on them), have anxiety, feelings of loneliness, numbness, feelings of anger and helplessness, and that their symptoms resulted from their abortions. (*See* Exhibit A, Declaration of Millie Lace, filed in the District Court). They often report significantly lower self-esteem and increased suicidal ideation, with some reporting an attempted suicide because of their depression over their abortions. (*Id.*).

Other studies support these findings and bolster the State's compelling interest in enacting a law that restricts but does not prohibit a woman's right to choose an abortion. Indeed, as the South Dakota Task Force⁴⁷ discovered, "women whose first pregnancies ended in abortion were 65% more likely to score in the 'high risk' range for clinical depression, compared to women whose first pregnancy resulted in a live birth."⁴⁸ "Substance misuse and suicidal behavior may result from efforts to block or avoid any psychological pain associated with the procedure and may be construed as faster, easier remedies for personal suffering than seeking professional help." (Ex. A at 26). Most notably, the study showed that "women with a prior abortion experienced a **61% increased risk of mood disorders**. Abortion was further linked with a **61% increased risk of social**

⁴⁷ South Dakota Task Force Report on Abortion (2005), *available at* <http://www.dakotavoices.com/Docs/South%20Dakota%20Abortion%20Task%20Force%20Report.pdf> (last visited May 28, 2014).

⁴⁸ *Id.* at 44.

phobia, and increased the risk of suicide ideation by 59%.” (*Id.* at 27) (emphasis added).

Ms. Lace’s experience subsequent to her abortion echoes the findings of the studies. (*Id.* at 2-3). Given this considerable body of information concerning the increased risks from abortions that take place at later stages of the pregnancy, the Act’s requirement that abortions take place prior to twelve weeks does not constitute an undue burden on a woman’s right to abortion, but rather is a reasonable regulation of that right. The Act includes the exemptions required by the Supreme Court to protect women who are facing crises that can place the right of abortion at a higher priority, even later in pregnancy, than the state’s interest in protecting life. *See Roe v. Wade*, 410 U.S. at 164-65; *Casey*, 505 U.S. at 879. Section 20-16-1305 provides that the restriction against abortions when a heartbeat is detected at twelve weeks or more gestation does not apply when abortion is necessary to preserve the life of the mother, to resolve a medical emergency or to terminate a pregnancy that is the result of rape or incest. *See* Section 20-16-1305. Consequently, women facing a crisis that necessitates an abortion regardless of the presence of the heartbeat would still have the same access to abortion services as they have at present. In the district court, the Appellants asserted that about twenty percent (20%) of the abortions in Arkansas occur on or after twelve weeks’ gestation, but there was no showing of how many of those abortions occur because

of a threat to the life or health of the mother or because the pregnancy is the result of rape or incest. Presumably, then, the vast majority of that 20% -- and perhaps even all of them -- could simply obtain their abortions earlier in their pregnancy if they still desired one. In other words, Section 1304 does not necessarily prohibit *any* abortion; it simply mandates that the decision whether to abort be made sooner rather than later.

Also, no information was provided regarding how many of those abortions are performed when a heartbeat has been detected. Assuming that at least some of the twenty percent (20%) of post-twelve week abortions are performed because of rape, incest, threats to life and health or in the absence of a heartbeat, Section 1304 will restrict access to abortion for less than twenty percent (20%) of the women currently obtaining abortions, and not to those most likely to perceive themselves as critically in need of the abortion services. The Act's restriction on abortion after a certain point in a woman's pregnancy will undoubtedly help pregnant women by preventing the physical and psychological trauma attendant to uninformed abortion decisions, which would improve the health and well-being of the mothers as well as saving the lives of their children, in keeping with the state's interest in preserving and protecting life. *Casey*, 505 U.S. at 882; *Gonzales*, 550 U.S. at 158.

CONCLUSION

For the foregoing reasons, Amici Curiae Liberty Counsel and Concepts of Truth respectfully request that this Court reverse the lower court and affirm the constitutionality of Act 301.

Respectfully submitted,

June 3, 2014

Mathew D. Staver
Anita L. Staver
LIBERTY COUNSEL
P.O. Box 540774
Orlando, FL 32854-0774
Tel. 800-671-1776
court@LC.org
Attorneys for Amici

/s/ Mary E. McAlister
Mary E. McAlister
Daniel J. Schmid
LIBERTY COUNSEL
P.O. Box 11108
Lynchburg, VA 24501
Tel: (434) 592-7000
court@LC.org
Attorneys for Amici

CERTIFICATE OF COMPLIANCE

This brief complies with the type-volume limitation of Fed. R. App. P. 32(a)(7)(B) because this brief contains 6,930 words, excluding the parts of the brief exempted by Fed. R. App. P. 32(a)(7)(B)(iii).

This brief complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type style requirements of Fed. R. App. P. 32(a)(6) because this brief has been prepared in a proportionally spaced typeface using Microsoft Office Word 2010 in 14-point Times New Roman font.

The electronic files comprising this brief and filed with the Court have been scanned and are virus-free, as set forth in Eighth Circuit Rule 28A(h)(2).

/s/Mary E. McAlister
Mary E. McAlister
Liberty Counsel
P.O. Box 11103
Lynchburg, VA 24506
Tel. 800-671-1776
court@lc.org
Attorneys for Amicus Curiae

CERTIFICATE OF SERVICE

I certify that on June 3, 2014, I electronically filed the foregoing Brief for *Amici Curiae* with the Clerk of Court for the United States Court of Appeals for the Eighth Circuit using the appellate CM/ECF system.

Participants in the case who are registered CM/ECF users (either as entities or through individual attorneys representing those offices) will be served by the appellate CM/ECF system.

/s/Mary E. McAlister
Mary E. McAlister
Liberty Counsel
P.O. Box 11103
Lynchburg, VA 24506
Tel. 800-671-1776
court@lc.org
Attorneys for Amicus Curiae

Health and Abortion. During that testimony, I presented numerous excerpts from Concepts' National Helpline for Abortion Recovery and discussed the significant experiences I have had with women suffering tremendous physical, emotional, and psychological problems due to abortion.

4. I have attached several studies to this Declaration, including studies by Priscilla Coleman and David Ferguson, as well as excerpts of testimonies of post-abortive women similar to those that I presented to the South Dakota Task Force on Mental Health and Abortion. The attached testimonies contain specific testimony from various women who have experienced first-hand mental, emotional, and psychological problems that arose from abortion.

5. In 1979, I became pregnant while taking an experimental drug for a tumor on my bladder. My doctor told me that I could not have the baby because having the child would severely endanger my life and that my child could be a "monster". I was twenty-five years old and seven weeks pregnant when my doctor told me that I needed to have the abortion. My doctor stated that I must have the D & C (dilation and curettage) procedure, and that I needed to have the procedure before the baby's heart started to beat. Obviously, I was deceived about the development of my child because science has unequivocally established that the heart begins to beat around five weeks gestation. Despite the fact that my doctor told me my health was at risk due to the pregnancy, he declined to perform the abortion himself and instead sent me to an abortion facility in Little Rock, Arkansas.

6. The nurse at the facility told me that I would be fine, that it would be a quick procedure, and that there would be no pain or physical effects as a result. She could not have been further from the truth. I remember hearing the machine during the abortion, and I could not help but wonder what was happening to me. After I returned home from the abortion clinic, I felt

excruciating pain and was in mental anguish. I attempted to walk, but immediately began hemorrhaging. When I went to the bathroom, more of my child's body parts came out of my body. That experience caused me both physical and psychological pain, including severe depression and deep feelings of guilt, remorse and suicidal thoughts. Physically, my abortion led to many pelvic infections, endometriosis, and ultimately, an early and unwanted hysterectomy.

7. Because of that experience and the terrible physical, emotional, and psychological problems that I endured as a result of my decision to have an abortion, I decided to do something to try to save others from similar harm. I wanted to help women avoid the serious issues that I had to endure because of that traumatic experience. My husband and I therefore founded Concepts in 1998. We founded this organization because we wanted to change hearts, minds, and decisions about abortion. We wanted to establish a place for women who are considering abortion to come and receive assistance, counseling, and resources about the true consequences of abortion and to learn about other assistance that is available. I also founded Concepts because of my desire to help those women who have had abortions to recover from the severe physical, emotional, and psychological problems that arise because of the decision to have an abortion. I thought my experience and recovery could help other women cope and deal with the substantial issues that arise because of abortion.

8. Concepts is a non-profit Arkansas corporation whose mission is to provide a place for pregnant women to come for counseling, consulting, assistance, and resources to keep their child and preserve the vital relationship between the mother and her child and to help women find healing from the psychological, emotional, and physical problems that result from abortion.

9. Concepts stands to uniquely benefit from Act 301 in a manner separate from the general public in that the number of clients that it sees will increase, and it will be able to further its

primary mission of providing valuable resources to pregnant women who desire to keep their child. Women who might consider abortion after 12 weeks will be more likely to approach Concepts for assistance if they are not able to have abortions. Concepts is better prepared to assist these women than many other facilities because its expertise and core mission are focused intently on helping pregnant women who have a desire to keep their child.

10. Concepts is uniquely suited to benefit from this law based on the fact that, since 2003, it has operated the National Helpline for Abortion Recovery, a nationwide call center where post-abortive women can receive counseling 24 hours a day, seven days a week. Through that ministry, Concepts has documented thousands of first-hand stories of women devastated by abortion, and this expertise and information can greatly assist the increased clientele that Concepts will receive because of the Act. Concepts has a significant interest in protecting the rights of these clients, and this information can assist women to avoid the irreparable injury caused by abortion. Concepts' primary mission is to prevent injuries to women that arise from abortion, and women will be irreparably injured by abortions if they occur after 12 weeks. Based on my experience at Concepts and the statistics from numerous studies, the irreparable injury from abortion is significantly increased when a pregnant woman terminates her pregnancy after 12 weeks. The risks of medical complications are unquestionably increased for an abortion after 12 weeks, and the mental health problems that arise from an abortion after 12 weeks also substantially increase due to the greater emotional and psychological attachment that women have with the children in their wombs as the pregnancy progresses.

11. Concepts also has a significant interest in the outcome of this case that is separate and distinct from other groups or individuals in Arkansas because it was instrumental in lobbying for and enlisting public support for Act 301. In fact, Concepts is so deeply committed to the purpose

of this legislation that it was the first time in our history that we became involved in the legislative process.

12. Concepts' central purpose and primary mission is to help pregnant mothers in their time of need to exercise their right to keep their children. We provide many different services, but consulting and counseling to help protect the free and informed exercise of the rights of our pregnant clients – particularly their right to maintain their relationship with the children in their wombs – is a central focus of our work. Concepts also seeks to protect and provide for the children of their clients, both those born and those yet in the womb, and to speak for those who have no voice. To that end, we counsel pregnant women on how and whether they can obtain community assistance, housing assistance, and the rights they have to obtain support for their children. Where needed and appropriate, we provide some material assistance. One of the services we provide is the consulting and counseling we give on a variety of subjects that relate to important interests of these pregnant mothers: their interest in being able to keep their children; their interest in making an informed and voluntary decision for themselves about that interest; their interest in making an informed decision about matters pertaining to the well-being and welfare of their children; and their interest in their own health.

13. As a licensed professional counselor, Founder, and Director of Concepts, I am familiar with the services and counseling that Concepts provides to women. Upon learning that their pregnancies have been confirmed, the women are interviewed and inform the Concepts staff of their initial thoughts and preferences about whether they intend to carry their child to full term. Concepts then provides consulting and counseling, assistance, referrals, or any other service necessary to assist the pregnant woman with the child in her womb. Concepts' consulting and counseling includes providing information about alternatives to abortion, information about the

abortion procedure, information about the child in her womb, counseling on parenting, information about community assistance, and discussion about risks of the abortion procedure. Concepts relies on medical facts and information drawn from medical experts in order to ensure that all information is truthful, non-misleading and medically accurate.

14. Concepts informs women about the truth that an abortion terminates the life of a whole living human being as a matter of scientific and medical fact. In making that disclosure, Concepts makes certain that it is truthful and accurate, as anything less than such disclosure can be misleading. One of the points Concepts addresses is that an abortion does not prevent a human being from coming into existence, but that the human being is already in existence from the moment of conception and that the procedure will terminate the life of that human being. Concepts explains that the pregnant mother has an existing relationship with her child and advises her of that fact so she can make a fully informed decision for herself. Concepts believes that a pregnant woman cannot make a truly informed decision about her pregnancy until all truthful information is shared with her and she has a meaningful understanding of the facts about her pregnancy.

15. It often becomes apparent during the consulting and counseling process that when the pregnant mothers realize that abortion involves the termination of the life of a unique and independent human being, they look at the procedure in a different light. The pregnant women no longer take the decision lightly, and for most of the women, the factual information Concepts provides is considered of critical importance to their decision. This information often leads these pregnant women to search for other alternatives such as adoption, in which Concepts facilitates the placement of the children and has seen wonderful and positive results for both the birth mothers and the adoptive families. It also results in a woman's realizing and focusing upon the

fact that she is the mother of an existing child and that she would lose something of great value to herself if she decides to have an abortion.

16. Part of Concepts' core mission is to disclose the truth about pregnancy to these mothers because of the magnitude of what is at stake for them. The exercise of a mother's right to keep her relationship with her child involves a great benefit to her, and the loss of that relationship is a grave matter with negative psychological consequences. Concepts understands the importance of this information and strives to fulfill its primary mission to disclose all truthful and relevant information to pregnant mothers. We also discuss some of the risks of abortion, and we have written materials that we give the pregnant mother with information about those risks. Among the risks Concepts discusses with its clients is the fact that an abortion places a woman at increased risk of depression, suicidal thoughts and behavior, anxiety, and serious physical health issues.

17. Concepts provides many resources to their clients, but one of the most important is a pamphlet that explains the development of a child in the mother's womb. This pamphlet informs pregnant mothers of what is occurring in the development of her child at various stages of progression. For example, Concepts has found that one of the most important facts contained in the pamphlet is the fact that the child's heart begins to beat at just five weeks' gestation. Concepts has found that the vast majority of mothers who are provided this information understand that a living human being is developing inside of their womb, and they embrace the substantial connection that has formed between them and their child. This pamphlet also explains to the pregnant mothers that their child has all of the major organ systems and is distinctly recognizable individuals by eleven weeks' gestation. These two critical facts and the effect they have on pregnant mothers seeking counsel from Concepts is one reason why we decided for the

first time in our history to vigorously support a legislative proposal to support the life of the children in the womb and to protect the psychological and physical health of the mother.

18. A little over half of our clients initially report that they are seriously considering having an abortion. Following the counseling that Concepts provides, about 85% of all of the women who originally thought they wanted to have an abortion, change their minds or otherwise decide to carry their baby to full term and birth. Of these, more than 90% decide to keep their babies and raise them themselves. As a result, they enjoy the beauty and joy of their relationship with their children for the rest of their lives. Concepts will refer women to physicians if it appears they need or desire further counseling or information. Concepts advises all of the women that adoption services are available, and it provides the names of the licensed agencies so they can consult with them if they wish.

19. Concepts also provides consulting and counseling for women who have had abortions. Almost every woman who seeks counseling at an abortion clinic ends up having an abortion. Of the post-abortive women who seek consulting and counseling with Concepts, somewhere between 65% and 75% of the women report that they felt they were misled by the abortion clinic and that their decisions were uninformed and in many ways coerced. This lack of disclosure and coercive counseling only increases the likelihood that a pregnant mother will suffer significant psychological complications from terminating her pregnancy past twelve weeks. This was certainly true of my experience. The post-abortive women commonly report that they feel depressed, that they are on anti-depressants, that they have anxiety, feelings of loneliness, numbness, feelings of anger and helplessness, flashbacks of the event, relationship problems, and that their symptoms are a result of their decision to have an abortion. They often report seriously

lower self-esteem and increased suicide ideation. Some of our clients report that they have attempted suicide because of their depression over their abortions.

20. Given my experience with abortion and the problems that resulted from it, I can personally relate to the pain experienced by these women. Part of their problem is due to the fact that the culture in general does not legitimize the feelings of these women or properly recognize their grief and suffering. After all, most pro-abortion advocates would tell these women that we should not be grieving over “just tissue.” But a medical phenomena known as fetal microchimerism supports the fact that “some cells traffic between a mother and fetus during pregnancy. Surprisingly, a small number of cells persists in respective hosts decades later. Microchimerism (Mc) refers to an individual harboring a small number of cells, or DNA, derived from another individual.” For an explanation of microchimerism, see www.microchimerism.org.

21. I have personally counseled women who have felt a great sense of loss after an abortion and cannot resolve it or accept the loss until they allow themselves to come out of the denial that it “wasn’t a baby” by seeing fetal development pictures, ultrasounds of a subsequent child, fetal models or The Thomas Aaron story on video, which is available at <http://youtube.be/GvQ3bwI39mg>. These women then go through a “normal grief” process. One woman I counseled was 84, and she had had an abortion in her 20’s. She experienced prolonged grief for 60 years. She said she just wanted to be able to tell her story. As a professional counselor, I call it “disenfranchised grief,” meaning grief that is not allowed either by the culture or by the individual because it would be too painful if she allowed herself to grieve. Therefore the grief is unresolved, or else is Complicated Grief, which occurs when the individual prolongs the acceptance of the loss. As Dr. Andreas Maercker, M.D., Ph.D. from the Division of

Psychopathology and Clinical Intervention, University of Zurich, Switzerland when explaining considerations for Prolonged Grief Disorder (PGD) to be included in the DSM V (Diagnostic Statistical Manual for Mental Disorders) for publication in May of 2013, writes: "One easily accessible indicator is to listen to clients or patients. Self-statements such as 'I fear I will go crazy if I fully realize the death of my loved one' is very specific to Complicated Grief." The research also states that treatment for prolonged grief is similar to that used for Post Traumatic Stress Disorder ("PTSD") because patients tend to imagine the scene vividly and re-experience the event.

22. Over the years I have heard from hundreds of women who have had difficulty around anniversary dates of their abortions by having dreams where they re-experience the event. One woman had continual dreams of seeing the face of her baby in the womb. Women are told that they should be able to submit to getting rid of "tissue" and go happily about their life thinking the abortion made their life better. When it becomes clear that in fact the abortion made their lives far worse than the life-giving alternatives, most often the women feel that they have no outlet to express their feelings, emotions, or regrets, especially when suffering from prolonged grief over the loss of another human individual that can continue for a lifetime. This is a large part of why I founded Concepts, and helping these women is part of its core mission and primary purpose.

I hereby certify under penalty of perjury that the foregoing is true and correct. I executed this Declaration on 6th day of May, 2013.


MILLIE LACE, MSE, LPC
Founder and Director
Concepts of Truth, Inc.

Australian and New Zealand Journal of Psychiatry

<http://anp.sagepub.com/>

Does abortion reduce the mental health risks of unwanted or unintended pregnancy? A re-appraisal of the evidence

David M Fergusson, L John Horwood and Joseph M Boden

Aust N Z J Psychiatry published online 3 April 2013

DOI: 10.1177/0004867413484597

The online version of this article can be found at:

<http://anp.sagepub.com/content/early/2013/04/02/0004867413484597>

Published by:



<http://www.sagepublications.com>

On behalf of:



[The Royal Australian and New Zealand College of Psychiatrists](http://www.ranzcp.org)

Additional services and information for *Australian and New Zealand Journal of Psychiatry* can be found at:

Email Alerts: <http://anp.sagepub.com/cgi/alerts>

Subscriptions: <http://anp.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

>> [OnlineFirst Version of Record](#) - Apr 3, 2013

[What is This?](#)

Does abortion reduce the mental health risks of unwanted or unintended pregnancy? A re-appraisal of the evidence

Australian & New Zealand Journal of Psychiatry
00(0) 1–9
DOI: 10.1177/0004867413484597

© The Royal Australian and
New Zealand College of Psychiatrists 2013
Reprints and permissions:
sagepub.co.uk/journalsPermissions.nav
anp.sagepub.com



David M Fergusson, L John Horwood and Joseph M Boden

Abstract

Objective: There have been debates about the linkages between abortion and mental health. Few reviews have considered the extent to which abortion has therapeutic benefits that mitigate the mental health risks of abortion. The aim of this review was to conduct a re-appraisal of the evidence to examine the research hypothesis that abortion reduces rates of mental health problems in women having unwanted or unintended pregnancy.

Methods: Analysis of recent reviews (Coleman, 2011; National Collaborating Centre for Mental Health, 2011) identified eight publications reporting 14 adjusted odds ratios (AORs) spanning five outcome domains: anxiety; depression; alcohol misuse; illicit drug use/misuse; and suicidal behaviour. For each outcome, pooled AORs were estimated using a random-effects model.

Results: There was consistent evidence to show that abortion was not associated with a reduction in rates of mental health problems ($p > 0.75$). Abortion was associated with small to moderate increases in risks of anxiety (AOR 1.28, 95% CI 0.97–1.70; $p < 0.08$), alcohol misuse (AOR 2.34, 95% CI 1.05–5.21; $p < 0.05$), illicit drug use/misuse (AOR 3.91, 95% CI 1.13–13.55; $p < 0.05$), and suicidal behaviour (AOR 1.69, 95% CI 1.12–2.54; $p < 0.01$).

Conclusions: There is no available evidence to suggest that abortion has therapeutic effects in reducing the mental health risks of unwanted or unintended pregnancy. There is suggestive evidence that abortion may be associated with small to moderate increases in risks of some mental health problems.

Keywords

Abortion, mental health, review

Introduction

Recently there have been strong debates about the relationships between termination of pregnancy (abortion) and mental health (for reviews, see Bradshaw and Slade, 2003; Charles et al., 2008; Coleman, 2005, 2011; American Psychological Association, 2008). These debates have been stimulated by two major reviews of this topic which reached markedly different conclusions. Specifically, in a meta-analysis of 22 studies examining the linkages between abortion and mental health, Coleman (2011) found that abortion was associated with increased risks of mental health problems with these findings being evident for studies using different comparison groups. Coleman concluded "... the results revealed a moderate to highly increased risk of mental health problems after abortion" (p. 180). In contrast, a systematic review of the evidence prepared for the Academy of Medical Royal Colleges (AMRC) by the National Collaborating Centre for Mental Health (2011)

concluded that, when variations in study design and study quality were taken into account, "The rates of mental health problems for women with unwanted pregnancy were the same whether they had an abortion or gave birth" (p. 8).

Following the publication of both reviews, there have been extensive criticisms of both Coleman's study (Abel et al., 2011; Coyne, 2011; Howard et al., 2011; Kinney, 2011; Lagro-Janssen et al., 2011; Littell and Coyne, 2011; Polis et al., 2011; Robinson et al., 2011; Thygesen, 2011)

Department of Psychological Medicine, University of Otago, Christchurch, Christchurch, New Zealand

Corresponding author:

David Fergusson, Christchurch Health and Development Study, University of Otago, Christchurch, PO Box, 4345, Christchurch, New Zealand.

Email: dm.fergusson@otago.ac.nz

and the AMRC report (Andrusko, 2011; Christian Medical Fellowship, 2011; Ertelt, 2011). Despite the apparently contradictory findings of these reviews both appear to be in agreement on one point: there is no evidence to suggest that the provision of abortion mitigates the mental health effects of unwanted pregnancy. The AMRC review concludes that there were little if any effects of abortion on mental health, whereas the Coleman analysis suggests that abortion may have harmful effects on mental health.

However, both studies fail to provide a formal review of the therapeutic benefits of abortion. More generally, there has been a dearth of discussion about the mental health benefits of abortion in all existing major reviews, including the 2008 review by the American Psychological Association (2008) and the review by Charles et al. (2008). In all cases, reviews have focussed on the issue of the extent to which abortion has iatrogenic effects which result in increases in mental health problems in women having abortion when compared with equivalent groups of women coming to term with an unwanted or unintended pregnancy.

However, addressing the issue of whether abortion has beneficial consequences for the mental health of women having unwanted or unintended pregnancy is central to the appraisal of both clinical practice and the interpretation of the law in those jurisdictions which require that access to legal abortion is authorized by registered medical practitioners. These jurisdictions include England, Wales, Scotland, and New Zealand (1967, 1977) and some states of Australia (Cica, 1998). Legislation was passed in the 1960s and 1970s in these jurisdictions which gave women access to legal abortion provided that the abortion was authorized by two medical practitioners on medical grounds. In these societies over 90% of all abortions are currently authorized on the grounds that continuation of the pregnancy would pose a serious threat to the woman's mental health (Statistics New Zealand, 2003; South Australian Abortion Reporting Committee, 2008; Department of Health, 2011). Given the high frequency with which mental health grounds are used in these jurisdictions to authorize abortion, it becomes important for both clinical and legislative reasons to examine the evidence on the extent to which abortion has therapeutic benefits that mitigate any mental health effects of unwanted pregnancy.

Under ideal circumstances it would be desirable to examine this issue using randomized controlled trials of the effectiveness of abortion in mitigating any adverse mental health effects of unwanted pregnancy. However, such trials are currently ethically and practically impossible to conduct. Under these circumstances, data from observational studies may be used to examine this hypothesis. In particular, if abortion has the therapeutic benefits that have been ascribed to the practice, one would expect to find that rates of mental health problems amongst those having abortion were lower than those in an equivalent series of women coming to term with unwanted or unintended pregnancy.

In this paper we present a re-analysis and re-appraisal of data from 14 analyses reviewed by the Coleman review, the AMRC review, or both. In these analyses, the mental health outcomes of women having abortion were compared to control series of women having unwanted or unintended pregnancy coming to term, with these comparisons being controlled for a number of potentially confounding covariates. The 14 analyses examined five mental health outcomes: anxiety, depression, alcohol misuse, illicit drug use/misuse, and suicidal behaviour. The re-analysis and re-appraisal of these findings has the explicit aim of addressing the question of whether this research provides any evidence that would support the conclusion that abortion has beneficial consequences which mitigate the mental health risks of unwanted or unintended pregnancy.

Methods

Data extraction

The studies examined in this re-appraisal of the evidence are based on a series of analyses included in the reviews by Coleman (2011) and the AMRC (National Collaborating Centre for Mental Health, 2011). These were all studies in which comparisons were made between a group of women exposed to abortion and a control series of women coming to term with unintended/unwanted pregnancy. This process identified a series of 14 analyses based on four studies and summarized in eight publications, with these studies examining five mental health outcomes: anxiety, depression, alcohol misuse, illicit drug use/misuse, and suicidal behaviour. Table 1 provides a summary and overview of the eight publications upon which this re-appraisal of the evidence is based. This summary includes information on sample sizes, the assessment of the control group, outcomes measured, control factors employed in each study, and assessment of study quality.

Of the analyses summarized in Table 1, all were included in the Coleman review (2011) but a number of these publications were not included in the AMRC review (National Collaborating Centre for Mental Health, 2011). These publications were Reardon and Cogle (2002), Reardon et al. (2004), Schmiede and Russo (2005), and Coleman (2006). The reason for these studies being excluded from the AMRC review was that these studies provided inadequate control of pre-existing mental health outcomes prior to pregnancy. For all studies estimates of adjusted odds ratios (AORs) and 95% confidence intervals were abstracted from the original reviews and cross-checked with the original studies. In all cases, AORs were scored so that an AOR <1 implied that rates of mental health problems were lower in those having an abortion. The Fergusson et al. (2008) data were re-analysed to produce estimates of the AORs for the direct comparison between the unwanted pregnancy and abortion groups after adjustment for covariates.

Table 1. Description of studies.

Sample	Study population	Outcome(s)	Control variables	Study quality
Coleman (2006) NLSY	65 abortion, 65 unintended	Marijuana use, frequency of alcohol use, alcohol problems	Risky decision taking, desire to leave home	Not rated ^b
Cogle et al. (2005) NSFG	1033 abortion, 1813 unintended	Symptoms of generalized anxiety	Ethnicity, age, prior anxiety	Fair
Fergusson et al. (2008) (Re-analysis) CHDS ^a	117 abortion, 52 unwanted	DSM IV diagnosis of: major depression; anxiety disorder; alcohol dependence; illicit drug dependence; suicidal ideation	Childhood socioeconomic status, family functioning, sexual and physical abuse, adolescent adjustment, educational achievement, life style factors, previous mental health	Very good
Gilchrist et al. (1995)	6410 abortion, 6151 unintended	ICD-8 diagnosis of: any psychiatric illness, psychotic illness, non-psychotic illness, deliberate self-harm	Age, marital status, smoking, education, previous abortion, previous mental health, gravidity	Good
Reardon and Cogle (2002) (NLSY)	293 abortion, 128 unintended	CES depression scale	Family income, education, ethnicity, age at first pregnancy, locus of control	Not rated ^b
Reardon et al. (2004) (NLSY)	213 abortion, 535 unintended	Alcohol abuse symptoms; use of illicit drugs	Age, self esteem, locus of control, income, marital status, education, ethnicity	Not rated ^b
Schmiege and Russo (2005) NLSY	479 abortion, 768 unwanted	CES depression scale	Locus of control, ethnicity, age at first pregnancy, marital status, education, family income	Not rated ^b
Steinberg and Russo (2008) NSFG	1167 abortion, 2315 unintended	Experience of anxiety scale	Pre-existing anxiety, rape experience, ethnicity, marital status, age at first pregnancy, poverty, education, subsequent abortion, subsequent birth	Fair

Index of study quality is as classified in AMRC review (National Collaborating Centre for Mental Health, 2011).

^aAnalysis of Fergusson et al. (2008) has been updated in this review to provide direct comparisons of the abortion and unwanted pregnancy groups.

^bWas not included in AMRC review due to lack of pre-abortion mental health data (National Collaborating Centre for Mental Health, 2011).

CHDS, Christchurch Health and Development Study; NLSY, National Longitudinal Study of Youth; NSFG, National Survey of Family Growth.

Assessment of study quality

Table 1 also includes assessments of study quality derived from the ratings given in Table 18 in the AMRC review. These ratings were based on a modified version of the review criteria used by Charles et al. (2008). These criteria considered six study features: appropriate comparison group, validated mental health tools, previous mental health problems, confounder control, sample representativeness, and comprehensive data exploration. These criteria were used to rank studies into six quality groups ranging from “very poor” to “excellent”. Of the studies subject to this review, one (Fergusson et al., 2008) was described as “very

good”, one (Gilchrist et al., 1995) was described as “good”, two studies (Cogle et al., 2005; Steinberg and Russo, 2008) were classified as “fair”, and four were not included in the AMRC review because of concerns about study quality.

Data analysis and hypothesis testing

The analyses from the studies described in Table 1 were classified into five outcome domains: anxiety, depression, alcohol misuse, illicit drug use/misuse, and suicidal behaviours. Each domain contained at least two odds ratios from independent analyses. To increase the precision of the

re-appraisal, pooled odds were estimated for each domain. In this analysis, we have not combined the pooled estimates for different outcomes to produce an estimate of the overall increase or decrease in mental health problems for women having abortion. The principal reason for this decision was that the data came from overlapping and non-independent analyses using data derived from four studies. The non-independence of the pooled estimates poses complex problems for combining these estimates to produce an estimate of the overall association between abortion and mental health outcomes.

The selected ORs for each outcome domain were first log transformed and then pooled using a weighted average of the study specific effects. Pooling was initially conducted using a random-effects model of the form: Pooled $B = \sum_j w_j B_j / \sum_j w_j$, where $B_j = \ln(OR_j)$ is the natural logarithm of the OR for study j ; $w_j = 1/(s_j^2 + t^2)$ is a study-specific weight representing the estimated inverse variance of the study specific parameter B_j under a random-effects model; s_j^2 is the estimated sample specific variance of B_j , and t^2 is an estimator of between studies variance derived using the general method of moments (DerSimonian and Kacker, 2007). The standard error of the pooled parameter was given by $SE(B) = 1/(\sum_j w_j)^{1/2}$. The pooled OR and corresponding 95% CI were calculated in the usual manner by exponentiation, $\exp(B \pm 1.96 SE(B))$. To avoid the pooling of non-independent results in the situation where two studies in a given outcome domain reported AORs based on analysis of essentially the same data set, the pooled results were calculated using only the study reporting the lowest AOR. This follows the practice in the AMRC review (National Collaborating Centre for Mental Health, 2011).

The meta-analysis for each domain was checked for between study heterogeneity using Cochran's Q test (Huedo-Medina et al., 2006). In all cases there was no evidence of significant between study heterogeneity, suggesting that fixed-effects models were adequate for pooling the data. However, because the Q test can lack statistical power to detect true between-study heterogeneity when the meta-analysis includes only a small number of studies (Huedo-Medina et al., 2006), the reported findings were based on the random-effects analyses. Comparison of pooled estimates from fixed-effects and random-effects models showed these to be very similar suggesting that the choice of estimation method was not critical.

To test for beneficial effects of abortion, in all cases one-tailed tests of the research hypothesis $AOR_i < 1$ were conducted, where AOR_i is the pooled odds ratio for the i th outcome domain. For completeness, the analysis also included the results of conventional two-tailed tests of significance of the pooled AOR_i .

To ensure a complete coverage of the limited literature on this topic, in the first stage of the analysis, all studies were considered in the review (Table 1). To control for study quality, the data were re-analysed using: (a) all studies rated fair or better by the AMRC review; and (b) those studies

rated as good or very good by the AMRC review (National Collaborating Centre for Mental Health, 2011).

Results

AORs for the linkages between abortion and mental health outcomes

Table 2 shows estimates of the AORs between abortion and the mental health outcomes reported in eight papers based on four studies. Results are grouped into five outcome domains and for each domain an estimate of the pooled AOR and confidence interval is given. The table reports the probability level associated with the test of the one-tailed hypothesis $AOR < 1$ ($p1$) and the conventional two-tailed test of association ($p2$). Inspection of Table 2 yields the following conclusions:

1. Anxiety: Three studies report estimates of association between abortion and anxiety, with two studies (Cogle et al., 2005; Steinberg and Russo, 2008) being analyses of the same data. Observed AORs ranged from 1.24 to 1.82, with the pooled AOR being 1.28 (95% CI 0.97–1.70; $p2 < 0.10$). The one-tailed test of the hypothesis of beneficial effects of abortion shows that this hypothesis is not supported by the evidence ($p1 > 0.95$).
2. Depression: Three studies report estimates of the association between abortion and depression with two studies being analyses of the same data (Reardon and Cogle, 2002; Schmiede and Russo, 2005). Observed AORs ranged from 0.79 to 1.54, with the pooled AOR being 1.13 (95% CI 0.83–1.55; $p2 > 0.40$). The one-tailed test of the hypothesis of beneficial effects of abortion shows that this hypothesis is not supported by the evidence ($p1 > 0.70$).
3. Alcohol misuse: Three studies reported estimates of the association between abortion and alcohol misuse. Observed AORs ranged from 7.10 to 1.72, with the pooled AOR being 2.34 (95% CI 1.05–5.21; $p2 < 0.05$). The one-tailed hypothesis of beneficial effects of abortion shows that this hypothesis is not supported by the evidence ($p1 > 0.98$).
4. Illicit drug use/misuse: Three studies report estimates of the association between abortion and illicit drug use/misuse. Observed AORs ranged from 13.20 to 2.00, with the pooled AOR being 3.91 (95% CI 1.13–13.55; $p2 < 0.05$). The one-tailed test of beneficial effects of abortion shows that this hypothesis is not supported by the evidence ($p1 > 0.98$).
5. Suicidal behaviour: Two studies report estimates of the association between abortion and suicidal behaviour. Observed AORs ranged from 1.58 to 1.70, with the pooled AOR being 1.69 (95% CI 1.12–2.54; $p2 < 0.01$). The one-tailed test of beneficial effects of abortion shows that this hypothesis is not supported by the evidence ($p1 > 0.99$).

Table 2. Odds ratios and pooled odds ratios for the association between abortion and mental health.

Outcome	OR (95% CI)	Significance	
		<i>p</i> 1	<i>p</i> 2
Anxiety			
Cogle et al. (2005)	1.34 (1.05–1.70)		
Steinberg and Russo (2008)	1.24 (0.92–1.68)		
Fergusson et al. (2008)	1.82 (0.68–5.00)		
Pooled results ^a	1.28 (0.97–1.70)	>0.95	0.08
Test for heterogeneity	Q(1)=0.51, <i>p</i> >0.48		
Depression			
Reardon and Cogle (2002)	1.54 (0.91–2.61)		
Schmiege and Russo (2005)	1.19 (0.85–1.66)		
Fergusson et al. (2008)	0.79 (0.32–1.96)		
Pooled results ^b	1.13 (0.83–1.55)	>0.75	0.44
Test for heterogeneity	Q(1)=0.67, <i>p</i> >0.41		
Alcohol misuse			
Reardon et al. (2004)	1.72 (0.95–3.11)		
Coleman (2006)	5.98 (0.87–41.66)		
Fergusson et al. (2008)	7.10 (0.51–96.90)		
Pooled results	2.34 (1.05–5.21)	>0.98	0.04
Test for heterogeneity	Q(2)=2.37, <i>p</i> >0.30		
Illicit drug use/misuse			
Reardon et al. (2004)	2.00 (1.18–3.39)		
Coleman (2006)	9.00 (1.30–62.5)		
Fergusson et al. (2008)	13.20 (0.82–211.74)		
Pooled results	3.91 (1.13–13.55)	>0.98	0.03
Test for heterogeneity	Q(2)=3.69, <i>p</i> >0.15		
Suicidal behaviour			
Gilchrist et al. (1995)	1.70 (1.10–2.60)		
Fergusson et al. (2008)	1.58 (0.43–5.81)		
Pooled results	1.69 (1.12–2.54)	>0.99	0.01
Test for heterogeneity	Q(1)=0.01, <i>p</i> >0.90		

*p*1, one-tailed test of beneficial effects of abortion (pooled adjusted OR <1).

*p*2, two-tailed test of association.

^aPooled result based on Steinberg and Russo (2008) and Fergusson et al. (2008).

^bPooled result based on Schmiege and Russo (2005) and Fergusson et al. (2008).

The effects of study quality on conclusions

To examine the extent to which variations in study quality led to changes in the conclusions drawn above, a number of re-analyses of the data in Table 2 were conducted. These re-analyses included:

1. Limiting the analysis to studies included in the AMRC review. This resulted in the exclusion of the studies based on the NLSY (Reardon and Cogle, 2002; Reardon et al., 2004; Schmiege and Russo, 2005; Coleman, 2006). This reduced the analysis to

pooled AORs for two outcome domains (anxiety and suicidal behaviour). This analysis shows:

- i) For both outcome domains, one-tailed tests showed an absence of beneficial effects of abortion (all *p*1>0.95).
 - ii) Pooled AORs showed marginally significant increases in rates of anxiety (AOR 1.28, 95% CI 0.97–1.70, *p*2<0.10) and significant increases in suicidal behaviour (AOR 1.69, 95% CI 1.12–2.54, *p*2<0.01) for women having abortion.
2. The analysis was then restricted to the studies rated as good or very good in the AMRC report (National

Collaborating Centre for Mental Health, 2011). These studies reported a single common outcome of suicidal behaviour, with a pooled AOR of 1.69 (95% CI 1.12–2.54; $p1 > 0.99$; $p2 < 0.01$). This finding does not support the hypothesis of beneficial effects ($p > 0.99$) but is consistent with the conclusion that abortion may be associated with modest increases in risks of suicidal behaviours.

3. Finally, the AMRC review (National Collaborating Centre for Mental Health, 2011) also reported a re-analysis of the Gilchrist et al. (1995) study in which they compared the outcomes of those refused abortion for an unwanted pregnancy with the outcomes of those given an abortion. These estimates were available for suicidal behaviours. Combining these results with the findings from Fergusson et al. (2008) yielded an AOR of 0.95 (95% CI 0.36–2.51). The one-tailed test of the positive effects of abortion was non-significant ($p > 0.90$).

Summary

For all analyses considered, there was no evidence to suggest that rates of mental health problems were lower in women having abortion than in comparison groups of women having unwanted pregnancy. This conclusion held for all studies, all authors, and all outcomes considered, irrespective of variations in study quality using the standards applied in the AMRC review (National Collaborating Centre for Mental Health, 2011).

There was suggestive but not completely consistent evidence of modestly elevated rates of mental health problems in women having abortion compared with women having unwanted or unintended pregnancy. These findings were particularly evident for alcohol and illicit drug use but were also evident for anxiety disorders and suicidal behaviours for analyses using an unwanted or unintended comparison. These findings were not observed in AMRC analyses (National Collaborating Centre for Mental Health, 2011) which used those who were refused abortion in the Gilchrist et al. (1995) study as a comparison group.

Discussion

In this paper, we have conducted a re-appraisal of the evidence reported in the Coleman (2011) and AMRC (National Collaborating Centre for Mental Health, 2011) reviews. The focus of this assessment was upon examining the extent to which abortion had beneficial outcomes by reducing the mental health risks of unwanted or unintended pregnancy. This analysis focussed on five outcome domains using data from 14 analyses, reported in eight publications based on four studies. The principal finding of this analysis was that there was no evidence for any outcome domain that the provision of abortion was associated with significant reductions in mental health risks. This conclusion held when the data were

re-analysed to take into account measures of study quality. The findings are also consistent with all major reviews of this topic that have concluded either that: abortion is unrelated to mental health outcomes (Charles et al., 2008; American Psychological Association, 2008; National Collaborating Centre for Mental Health, 2011) or is associated with increases in risks of mental health problems (Coleman, 2005, 2011). No review has concluded that abortion has beneficial consequences by mitigating the mental health risks of unwanted pregnancy. A recent study by Munk-Olsen and colleagues (2011) concluded that the relative risks of mental disorders amongst those having an abortion were similar before and after abortion while risks of mental disorders increased in those having first births. However, this study did not directly compare the mental health risks of those having abortion with an equivalent group of women coming to term with unwanted or unintended pregnancy. To date, there is no direct evidence showing that women having abortion are at lower risk of mental health problems than equivalent groups of women coming to term with unwanted or unplanned pregnancy.

Because of the highly controversial nature of this topic, it is useful to consider a number of possible limitations of the study and responses to these.

It could be suggested that the paper lacks novelty and is largely a restatement of what is already known. It is correct that the statistical review in Table 2 is not original and is a restatement of evidence previously reviewed. However, the originality of the paper lies with the process of linking this research evidence to an important research question regarding the mental health benefits of abortion. This research question has substantial policy and clinical significance but has been given limited attention in the existing literature.

It may also be suggested that the studies reviewed contain multiple problems research design, analysis and interpretation that prevent any clear conclusions from being drawn. In comparison to the ideal of testing the mental benefits of abortion using a randomized controlled trial, it is clear that existing observational studies provide only limited and potentially flawed evidence on the mental health consequences of abortion. However, this observation does not impugn the validity of the conclusion that: at the present time there is no credible scientific evidence demonstrating that abortion has mental health benefits.

In addition, it could be suggested that the comparisons made in the study between those having abortion and those having unwanted or unintended pregnancy do not provide an appropriate test of the mental health effects of abortion. A better comparison would be between those having abortion and those refused abortion. In addressing the research question, we have taken the approach used by the majority of the reviews of the mental health consequences of abortion (Bradshaw and Slade, 2003; Charles et al., 2008; American Psychological Association, 2008; National Collaborating Centre for Mental Health, 2011) by comparing those having abortion with those coming to term with

unwanted or unintended pregnancy. Further, to our knowledge, the only study that has compared those having abortion with those refused abortion is the re-analysis of Gilchrist et al. (1995), conducted by the AMRC review. This re-analysis found that, for a number of outcomes (psychotic illness, non-psychotic illness, self harm), those refused abortion fared worse than those provided with abortion, with this difference being statistically significant ($p < 0.01$) for psychotic illness. This evidence suggests the possibility that further studies making such comparisons could demonstrate positive benefits for abortion. However, at the present time the evidence is far too limited to conclude that abortion reduces any mental health risks of unwanted or unintended pregnancy.

Finally, it may also be suggested that the integrity of the review is compromised by the inclusion of studies from authors well known for their pro-life views. Given the relatively small number of studies in this area and the controversial nature of the area, it was our view that the most even-handed approach to reviewing the evidence was to include all studies comparing the mental health outcomes of those having abortion with comparison series of women coming to term with unwanted or unintended pregnancy. Further, it is clearly demonstrable that the study conclusions regarding the absence of benefit of abortion are not influenced by study selection factors. Specifically, irrespective of ratings of study quality, the data in Table 2 show that there is no evidence of beneficial consequences of abortion for: all studies; all authors and all outcomes. Of the 14 ORs reported in Table 2, 13 are greater than 1 and in all cases the one-tailed hypothesis of beneficial consequences of abortion is strongly rejected. Whether or not certain studies are included or excluded from the review does not change these conclusions.

In summary, while there may be grounds for concern that the evidence reviewed does not adequately test the research hypothesis, these problems of evidence quality do not impugn the validity of the main study conclusion that at the present time there is no credible evidence to support the research hypothesis that abortion reduces any mental health risks associated with unwanted or unplanned pregnancy that come to term. This situation may reflect the fact that existing studies have not adequately tested the hypothesis, or that the hypothesis is not correct, or both.

These conclusions have important, if uncomfortable, implications for clinical practice and the interpretation of the law in those jurisdictions (England, Wales, Scotland, Australia, New Zealand) which require abortion to be authorized on medical grounds. In these jurisdictions, the great majority of abortions are authorized on mental health grounds (Statistics New Zealand, 2003; South Australian Abortion Reporting Committee, 2008; Department of Health, 2011). The present re-analysis suggests that, currently, there is no evidence that would support this practice. While it remains possible that abortion may mitigate any

adverse effects of unwanted or unintended pregnancies, the available evidence does not support this conclusion.

In turn, this conclusion suggests an urgent need to revisit both clinical practice and the law in those jurisdictions in which mental health grounds are the principal criteria for recommending and authorizing abortion. The history of abortion law and law reforms shows that this is likely to resurrect politically uncomfortable and socially divisive debates about access to legal abortion (Cica, 1998; Abortion Rights, 2003; Abortion Law Reform Association of New Zealand, 2011). It is probably awareness of these consequences that explains the almost complete lack of discussion of the evidence for therapeutic benefits of abortion in recent reviews of abortion and mental health. However, it is our view that the growing evidence suggesting that abortion does not have therapeutic benefits cannot be ignored indefinitely, and it is unacceptable for clinicians to authorize large numbers of abortions on grounds for which there is, currently, no scientific evidence. On the face of things, the most straightforward way of resolving these tensions between the law and clinical practice in jurisdictions that use health criteria as grounds for authorizing abortion is to extend these criteria to include serious threats to the social, educational, or economic wellbeing of the woman and her immediate family as legitimate grounds for authorizing abortion. This revision would more closely align the criteria for authorizing abortion with the multiple personal reasons (Broen et al., 2005; Finer et al., 2005) for which women seek abortion.

It could be argued that the lack of evidence of mental health benefits for abortion may be explained by problems of study quality including the selection of comparison groups, the measurement of outcomes, the control of confounding, and related issues (Kendall et al., 2012), as noted in previous reviews including that of the AMRC (National Collaborating Centre for Mental Health, 2011), the APA (American Psychological Association, 2008), and the review by Charles et al. (2008). For example, the majority of studies in this area have used unintended pregnancy for a comparison group. However, by no means all of those having unintended pregnancy will find these pregnancies unwanted. The use of an unintended pregnancy comparison could therefore obscure possible benefits of abortion. Some re-assurance about this matter can be found from the fact that the studies using an unwanted pregnancy comparison group (Schmiege and Russo, 2005; Fergusson et al., 2008) and the studies using unintended comparison groups (Gilchrist et al., 1995; Cogle et al., 2005; Coleman, 2006; Steinberg and Russo, 2008) produced generally similar AOR estimates. In all cases, Q tests found no evidence of significant between study heterogeneity in the AOR estimates.

However, these deficiencies in study design are not sufficient grounds for concluding that abortion has beneficial consequences, although they do suggest the need

for further and better research into this topic. One of the interesting findings uncovered by this reappraisal is that all of the analyses which have examined this issue using comparison groups of women who come to term with unwanted or unintended pregnancy have been drawn from four studies, with three of these studies not being explicitly designed to research this topic. It is probably this lack of well-designed research more than anything else that explains the continuing controversies in this area. This situation has led to reviews of this topic drawing strong conclusions about the absence (American Psychological Association, 2008; Charles et al., 2008; National Collaborating Centre for Mental Health, 2011) or presence (Coleman, 2005, 2011) of associations between abortion and mental health using limited data from studies that were not designed to examine this topic.

A further finding of this review was that, contrary to the conclusions drawn in the APA report (American Psychological Association, 2008), the Charles et al. review (2008) and the AMRC review (National Collaborating Centre for Mental Health, 2011), there was suggestive evidence that abortion may be associated with small to moderate increases in risks of mental health problems with these increases being most evident for substance misuse. The exceptions to these findings were for depression and for comparisons involving women refused abortion with those provided with abortion. Because of the limitations of the existing data (American Psychological Association, 2008; Charles et al., 2008; National Collaborating Centre for Mental Health, 2011; Kendall et al., 2012) and the highly controversial nature of this topic, it would be premature to conclude emphatically that this evidence is sufficient grounds for believing that abortion has adverse effects on mental health. Equally, however, the generally consistent evidence suggesting small to moderate increases in rates of anxiety, substance use problems, and suicidal behaviours does provide sufficient grounds for suggesting that further and better research is needed before strong conclusions can be ventured about this topic. Another area in which there is need for further research concerns the extent to which abortion has benefits for women and their immediate family in other areas of social, educational, and economic wellbeing. This research will be needed to evaluate the extent to which any change to the law along the lines outlined above produces positive outcomes for women seeking abortion.

Funding

This research was funded by grants from the Health Research Council of New Zealand, the National Child Health Research Foundation, the Canterbury Medical Research Foundation and the New Zealand Lottery Grants Board.

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

References

- Abel KM, Susser ES, Brocklehurst P and Webb RT (2012) Abortion and mental health: guidelines for proper scientific conduct ignored. *British Journal of Psychiatry* 200: 74–75.
- Abortion Law Reform Association of New Zealand. (2011) *A brief history of abortion laws in New Zealand*. Available at: www.alranz.org/laws/historyofabortion/abriefhistory.html (accessed July 2011).
- Abortion Rights (2003) *History of abortion law in the UK*. Available at: <http://www.abortionrights.org.uk/index.php/media-and-resource-centre/abortion-law/275> (accessed August 2011).
- American Psychological Association. (2008) *Report of the APA Task Force on Mental Health and Abortion* Washington, DC: American Psychological Association.
- Andrusko D (2011) *Flawed new study claims abortion does not affect women's mental health*. Available at: www.nationalrighttolifenews.org/news/2011/12/flawed-new-study-claims-abortion-does-not-affect-women%E2%80%99s-mental-health/ (accessed July 2011).
- Bradshaw Z and Slade P (2003) The effects of induced abortion on emotional experiences and relationships: a critical review of the literature. *Clinical Psychology Review* 23: 929–958.
- Broen AN, Moum T, Bodtker AS, et al. (2005) Reasons for induced abortion and their relation to women's emotional distress: a prospective, two-year follow-up study. *General Hospital Psychiatry* 27: 36–43.
- Charles VE, Polis CB, Sridhara SK, et al. (2008) Abortion and long-term mental health outcomes: a systematic review of the evidence. *Contraception* 78: 436–450.
- Christian Medical Fellowship. (2011) *Abortion review confirms that 98% of all abortions in Britain are technically illegal*. Available at: www.cmf.org.uk/publicpolicy/pressrelease/?id=113 (accessed August 2011).
- Cica N (1998) *Abortion law in Australia*. Available at: http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp9899/99rp01 (accessed July 2011).
- Coleman PK (2005) Induced abortion and increased risk of substance abuse: a review of the evidence. *Current Women's Health Review* 1: 21–34.
- Coleman PK (2006) Resolution of unwanted pregnancy during adolescence through abortion versus childbirth: Individual and family predictors and psychological consequences. *Journal of Youth and Adolescence* 35: 903–911.
- Coleman PK (2011) Abortion and mental health: quantitative synthesis and analysis of research published, 1995–2009. *British Journal of Psychiatry* 199: 180–186.
- Cogle JR, Reardon DC and Coleman PK (2005) Generalized anxiety following unintended pregnancies resolved through childbirth and abortion: a cohort study of the 1995 National Survey of Family Growth. *Journal of Anxiety Disorders* 19: 137–142.
- Coyne JC (2011) *Coleman article should be retracted, not debated in a subsequent issue of BJP*. Available at: http://bjp.rcpsych.org/content/199/3/180.abstract/reply#bjprpsych_el_33923 (accessed November 2011).
- Department of Health. (2011) *Abortion statistics. England and Wales*. London: Department of Health.
- DerSimonian R and Kacker R (2007) Random-effects model for meta-analysis of clinical trials: an update. *Contemporary Clinical Trials* 28: 105–114.
- Ertelt S (2011) *British doctors mislead women on abortion-mental health link*. Available at: www.lifenews.com/2011/12/09/british-doctors-mislead-women-on-abortion-mental-health-link/ (accessed August 2011).
- Fergusson DM, Horwood LJ and Boden JM (2008) Abortion and mental health disorders: evidence from a 30 year longitudinal study. *British Journal of Psychiatry* 193: 444–451.
- Finer LB, Frohworth LF, Dauphinee LA, et al. (2005) Reasons U.S. women have abortions: quantitative and qualitative perspectives. *Perspectives on Sexual and Reproductive Health* 37: 110–118.
- Gilchrist AC, Hannaford PC, Frank P, et al. (1995) Termination of pregnancy and psychiatric morbidity. *British Journal of Psychiatry* 167: 243–248.

- Howard LM, Rowe M, Trevillion K, et al. (2012) Abortion and mental health: guidelines for proper scientific conduct ignored. *British Journal of Psychiatry* 200: 74.
- Huedo-Medina TB, Sanchez-Meca J, Marin-Martinez F, et al. (2006) Assessing heterogeneity in meta-analysis: Q statistic or I-2 index? *Psychological Methods* 11: 193–206.
- Kendall T, Bird V, Cantwell R, et al. (2012) To meta-analyse or not to meta-analyse: abortion, birth and mental health. *British Journal of Psychiatry* 200: 12–14.
- Kinney GL (2011) Re. Abortion and mental health. *British Journal of Psychiatry*.
- Lagro-Janssen T, van Weel C and Lo Fo Wong S (2012) Abortion and mental health: guidelines for proper scientific conduct ignored. *British Journal of Psychiatry*, 200: 78.
- Littell JH and Coyne JC (2012) Abortion and mental health: guidelines for proper scientific conduct ignored. *British Journal of Psychiatry*, 200: 75–76.
- Munk-Olsen T, Laursen TM, Pedersen CB, et al. (2011) Induced first-trimester abortion and risk of mental disorder. *New England Journal of Medicine* 364: 332–339.
- National Collaborating Centre for Mental Health. (2011) *Induced abortion and mental health: a systematic review of outcomes of induced abortion, including their prevalence and associated factors*. London: Academy of Medical Royal Colleges.
- Polis CB, Charles VE, Blum RW and Gates WH (2012) Abortion and mental health: guidelines for proper scientific conduct ignored. *British Journal of Psychiatry* 200: 76–77.
- Reardon DC, Coleman PK and Cogle JR (2004) Substance use associated with unintended pregnancy outcomes in the National Longitudinal Survey of Youth. *American Journal of Drug and Alcohol Abuse* 30: 369–383.
- Reardon DC and Cogle JR (2002) Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study. *BMJ* 324: 151–152.
- Robinson GE, Stotland NL and Nadelson CC (2011) RE: Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009. *British Journal of Psychiatry* 199: 180–186.
- Schmiege S and Russo NF (2005) Depression and unwanted first pregnancy: longitudinal cohort study. *BMJ* 331: 1303.
- South Australian Abortion Reporting Committee. (2008) *Annual report*. Adelaide: Parliament of South Australia.
- Statistics New Zealand. (2003) *Abortion statistics*. Available at: www.stats.govt.nz.
- Steinberg JR and Russo NF (2008) Abortion and anxiety: what's the relationship? *Social Science and Medicine* 67: 238–252.
- Thygesen H (2011) *Shortcomings in the data analysis in Coleman (2011 199)*. Available at: http://bjprcpsych.org/content/199/3/180.abstract/reply#bjprcpsych_el_33927 (accessed November 2011).

Legislation cited

- Abortion Act, 1967.
- Contraception, Sterilisation, and Abortion Act, 1977. New Zealand.

BJPpsych

The British Journal of Psychiatry

Abortion and mental health: quantitative synthesis and analysis of research published 1995 –2009

Priscilla K. Coleman

BJP 2011, 199:180-186.

Access the most recent version at DOI: [10.1192/bjp.bp.110.077230](https://doi.org/10.1192/bjp.bp.110.077230)

**Supplementary
Material**

Supplementary material can be found at:

<http://bjp.rcpsych.org/content/suppl/2011/08/11/199.3.180.DC1.html>

References

This article cites 0 articles, 0 of which you can access for free at:

<http://bjp.rcpsych.org/content/199/3/180#BIBL>

**Reprints/
permissions**

To obtain reprints or permission to reproduce material from this paper, please write to permissions@rcpsych.ac.uk

**You can respond
to this article at**

<http://bjp.rcpsych.org/cgi/eletter-submit/199/3/180>

**Downloaded
from**

<http://bjp.rcpsych.org/> on May 1, 2013
Published by The Royal College of Psychiatrists

Review article

Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009

Priscilla K. Coleman

Background

Given the methodological limitations of recently published qualitative reviews of abortion and mental health, a quantitative synthesis was deemed necessary to represent more accurately the published literature and to provide clarity to clinicians.

Aims

To measure the association between abortion and indicators of adverse mental health, with subgroup effects calculated based on comparison groups (no abortion, unintended pregnancy delivered, pregnancy delivered) and particular outcomes. A secondary objective was to calculate population-attributable risk (PAR) statistics for each outcome.

Method

After the application of methodologically based selection criteria and extraction rules to minimise bias, the sample comprised 22 studies, 36 measures of effect and 877 181 participants (163 831 experienced an abortion). Random effects pooled odds ratios were computed using adjusted odds ratios from the original studies and PAR statistics were derived from the pooled odds ratios.

Results

Women who had undergone an abortion experienced an 81% increased risk of mental health problems, and nearly 10% of the incidence of mental health problems was shown to be attributable to abortion. The strongest subgroup estimates of increased risk occurred when abortion was compared with term pregnancy and when the outcomes pertained to substance use and suicidal behaviour.

Conclusions

This review offers the largest quantitative estimate of mental health risks associated with abortion available in the world literature. Calling into question the conclusions from traditional reviews, the results revealed a moderate to highly increased risk of mental health problems after abortion. Consistent with the tenets of evidence-based medicine, this information should inform the delivery of abortion services.

Declaration of interest

None.

Despite federal legalisation of abortion in the USA in 1973, women's right to choose abortion has been hotly debated, factoring heavily into the broader political landscape. Paralleling political division at the societal level, there has been considerable debate among academics regarding the extent to which abortion poses serious mental health risks to women. Over the past several decades, hundreds of studies have been published indicating statistically significant associations between induced abortion and adverse psychological outcomes of various forms.^{1–4} However, the authors of the three most recent qualitative literature reviews arrived at the conclusion that abortion does not pose serious risks above those associated with unintended pregnancy carried to term.^{5–7} This conclusion is problematic for several reasons, the most salient of which are described briefly below.

First, only a handful of studies have actually included unintended pregnancy carried to term as a control group. Pregnancy intendedness is not well defined in the literature and basic conceptualisation and measurement issues challenge the validity of the intendedness variable as used in the available studies. Specifically, pregnancies that are terminated are sometimes initially intended by one or both partners and pregnancies that are initially unintended may become wanted as the pregnancy progresses, rendering assessment of intendedness subject to considerable change over time. In addition, pregnancy intendedness is typically measured dichotomously (intended/ unintended) when true responses may actually fall on a continuum from fully intended and planned for years to entirely unintended, with a great deal of variation likely between these two extremes. At least half of all pregnancies in the USA are classified as unintended and among adolescents and women over 40 years old the percentage is over 75%,^{8,9} meaning the majority of women in the control groups in studies comparing abortion with term pregnancy actually delivered unintended pregnancies even if the variable was not directly assessed.

Second, many recently published studies with extensive controls for third variables were not reflected in the three recent reviews, with no explanation given as to why large segments of the peer-reviewed literature were missing. For instance, in the 2008 review by Charles *et al*,⁶ several of the studies that were overlooked actually met the inclusion criteria.^{10–19} Similarly, studies examining substance misuse were not included in two of the three reviews,^{6,7} with no rationale for excluding them. Numerous studies have demonstrated statistically significant associations between abortion and subsequent substance misuse, a widely recognised and prevalent mental health problem.^{2,10,20–24}

Third, in all three literature reviews the choice of studies lacked sufficient methodologically based selection criteria.^{5–7} As a result the sample of studies included was either too broad, resulting in incorporation of results from numerous weaker studies, or too narrow, resulting in unjustified elimination of sound studies. Ironically, the largest review, by the American Psychological Association Task Force, exemplifies both problems as the selection criteria for one type of study (those with a comparison group) were simply publication of empirical data on induced abortion with at least one mental health measure in peer-reviewed journals in English on US and non-US samples;⁵ however, non-US samples were avoided entirely for a second type of study (no comparison group) examined in this review without an appropriate rationale, resulting in elimination of dozens of methodologically sophisticated international studies. In the review conducted by Robinson *et al* the authors mention having identified 216 peer-reviewed papers on the topic of abortion and mental health and then note selection of a sample of studies that 'exemplify common errors in research methodology' as well as 'major articles that attempt to correct the flaws'.⁷ No details were offered regarding how studies were chosen to fit into these two categories.

The fourth troubling issue is the fact that quantification of effects was not attempted by any of the three research teams. Given the expansive literature on abortion and mental health, there is no reasonable justification for not quantifying effects. In the only truly systematic review available, published in 2003 by Thorp *et al*, stringent selection criteria were employed and their analysis of the largest and strongest studies available resulted in the conclusion that abortion is associated with an increased risk of depression that may lead to self-harm.⁴ Owing to the broad objective of this review, which addressed physical complications as well, a wide range of mental health effects were not examined.

In this highly politicised area of research it is imperative for researchers to apply scientifically based evaluation standards in a systematic, unbiased manner when synthesising and critiquing research findings. If not, authors open themselves up to accusations of shifting standards based on conclusions aligned with a particular political viewpoint. Moreover, the results may be dangerously misleading and result in misinformation guiding the practice of abortion. Through a process of systematically combining the quantitative results from numerous studies addressing the same basic question (e.g. 'is there an association between abortion and mental health?') far more reliable results are produced than from particular studies that are limited in size and scope. Moreover, as a methodology wherein studies are weighted based on objective scientific criteria, meta-analysis offers a logical, more objective alternative to qualitative reviews when the area of study is embedded in political controversy. Therefore, in an effort to provide a long overdue, dispassionate analysis of the literature on abortion and mental health, the primary objective of this review was to conduct meta-analyses of associations between induced abortion and adverse mental health outcomes (depression, anxiety, substance use and suicidal behaviour) with sensitivity to the use of distinct control groups employed in the various studies (no abortion, unintended pregnancy delivered, pregnancy delivered). The focus was on studies published between 1995 and 2009 because of the considerable improvement in research designs on the topic of post-abortion mental health in recent years. Contemporary research on abortion and mental health has addressed a number of shortcomings of the earlier work by employing comparison groups with controls for third variables. However, there has also been increased emphasis on incorporating nationally representative samples, prospective designs, controls for prior psychiatric history and comprehensive assessments of mental health outcome measures which in some cases included actual medical records. A secondary objective of this review was to calculate population-attributable risk (PAR) percentages using pooled odds ratios derived from the meta-analysis subdivided by outcome measures. These statistics reflect the incidence of a disorder in the exposed sample (e.g. women who have undergone abortion) that is directly due to the exposure (the abortion procedure). Both the pooled odds ratios and the PAR percentages yielded herein provide readily interpretable indices of the mental health consequences of abortion and should offer new clarity to the academic debate and to clinicians seeking information to guide effective practice.

Method

Inclusion criteria

Studies identified using the Medline and PsycINFO databases were included in this review if they met the following criteria: a sample size of 100 or more participants; use of a comparison group (no abortion, pregnancy delivered or unintended pregnancy delivered); one or more mental health outcome variables

(depression, anxiety, alcohol use, marijuana use or suicidal behaviour); controls for third variables; use of odds ratios to express effects observed to facilitate calculation of readily interpretable pooled odds ratios and PAR statistics; publication in English in peer-reviewed journals between 1995 and 2009.

Rules for extraction and synthesis of effects

In addition to the above criteria, rules for extracting and synthesising data derived from the studies selected were developed based on the recommendations outlined by Lipsey,²⁵ to avoid overrepresentation of particular samples and statistical dependences among effects, and generally to ensure the most conservative and unbiased assemblage of results from the individual studies exhibiting considerable variability in reporting.

- Relevant studies contributed a maximum of one effect per outcome. When authors reported more than one effect per variable based on separate analyses conducted for distinct demographic groups, or when different diagnoses were reported on within a general class such as anxiety or depression, a composite odds ratio was derived to avoid overweighting in favour of particular studies.
- When studies had more than one comparison group, selection rules were employed to provide more weight to comparisons wherein the control group was most closely matched to the abortion group. Specifically, if 'unintended pregnancy delivered' was used the results relative to this group were selected, and when only 'pregnancy delivered' and 'no abortion' comparison groups were used, the effects pertaining to the 'pregnancy delivered' group were selected.
- In situations wherein separate results were reported based on one *v.* two or more abortions, the results specific to one abortion were selected to enable sampling of a more homogeneous population. There are studies suggesting differential effects based on the number of abortions.^{26,27}
- When particular authors used the same sample and variables in more than one publication, only the most recent publication was selected. When the same data-set was used by different groups, both sets of results were included when distinct samples were defined.

Statistical analysis

Meta-analyses were conducted using Comprehensive Meta-Analysis version 2.0 for Windows (Biostat, www.meta-analysis.com). Random effects meta-analyses were computed based on the socio-demographic heterogeneity of the study samples.⁴³ The random effects model takes into account two sources of variance (within-study error and variation in the true effects across studies) with the study weights designed to minimise both sources of variance.⁴³ A pooled odds ratio was computed using the full 36 effects extracted. In addition, two sets of subgroup pooled odds ratios were calculated based on the type of comparison group used and on specific forms of mental health problems. Adjusted odds ratios with controls for third variables were used in all the random effects meta-analyses. Finally, PAR percentages were computed using the pooled odds ratios (OR) derived from the random effects model subdivided by outcome measures. The PAR percentages were calculated using the formula $100 \times (Px(OR - 1)) / (1 + Px(OR - 1))$, where Px is the estimate of population exposure; Px is calculated as $c / (c + d)$, where c is the number of women in the abortion group who did not experience the mental illness in question and d is the number of women in the 'no abortion' group who were identified as not having the mental illness examined.

Results

After applying the inclusion criteria and rules detailed above, the sample consisted of 22 peer-reviewed studies (15 from the USA and 7 from other countries);^{3,20–22,24,26–42} these comprised 36 measures of effect (9 alcohol use/misuse, 5 marijuana, 7 anxiety, 11 depression, 4 suicidal behaviour) and a total of 877 181 participants, of whom 163 831 had experienced an abortion (see online Table DS1).

The first random effects meta-analysis, which included 36 adjusted odds ratios from the 22 studies identified, resulted in a pooled odds ratio of 1.81 (95% CI 1.57–2.09, $P < 0.0001$). The results of this analysis indicated that women who have had an abortion experienced an 81% higher risk of mental health problems of various forms when compared with women who had not had an abortion (Fig. 1). Results of a second random effects meta-analysis, wherein separate effects were produced based on the type of outcome measure, are provided in Fig. 2. All effects were statistically significant, with the largest pooled odds ratio derived for marijuana use (OR = 3.30, 95% CI 1.64–7.44, $P = 0.001$), followed by suicide behaviours (OR = 2.55, 95% CI 1.31–4.96, $P = 0.006$), alcohol use/misuse (OR = 2.10, 95% CI 1.77–2.49, $P < 0.0001$), depression (OR = 1.37, 95% CI 1.22–1.53, $P < 0.0001$) and anxiety (OR = 1.34, 95% CI 1.12–1.59, $P < 0.0001$). These results indicate that the level of increased risk

associated with abortion varies from 34% to 230% depending on the nature of the outcome.

In the third random effects meta-analysis (Fig. 3) three separate pooled odds ratios were produced based on the type of comparison group employed in the respective studies. When women who had terminated a pregnancy were compared with women who had not done so relative to all mental health problems, the result was statistically significant (OR = 1.59, 95% CI 1.36–1.85, $P < 0.0001$). When women who terminated a pregnancy were compared with women who carried to term, using the full set of mental health variables, the result was considerably stronger (OR = 2.38, 95% CI 1.62–3.50, $P < 0.0001$). Finally, when ‘unintended pregnancy carried to term’ operated as the comparison group, the result was likewise statistically significant and closer to the result relative to the ‘no abortion’ comparison group (OR = 1.55, 95% CI 1.30–1.83, $P < 0.0001$). These data indicate that regardless of the type of comparison group used, abortion is associated with an enhanced risk of experiencing mental health problems, with the magnitude of this risk ranging from 55% to 138%.

The last set of analyses involved calculation of PAR percentages based on pooled odds ratio estimates. The overall PAR percentage was nearly 10%, with the range for particular mental health problems extending from 8.3% for anxiety to 26.5% for marijuana use (Table 1). In addition, a pooled odds ratio for the two large-scale studies in which actual suicide was

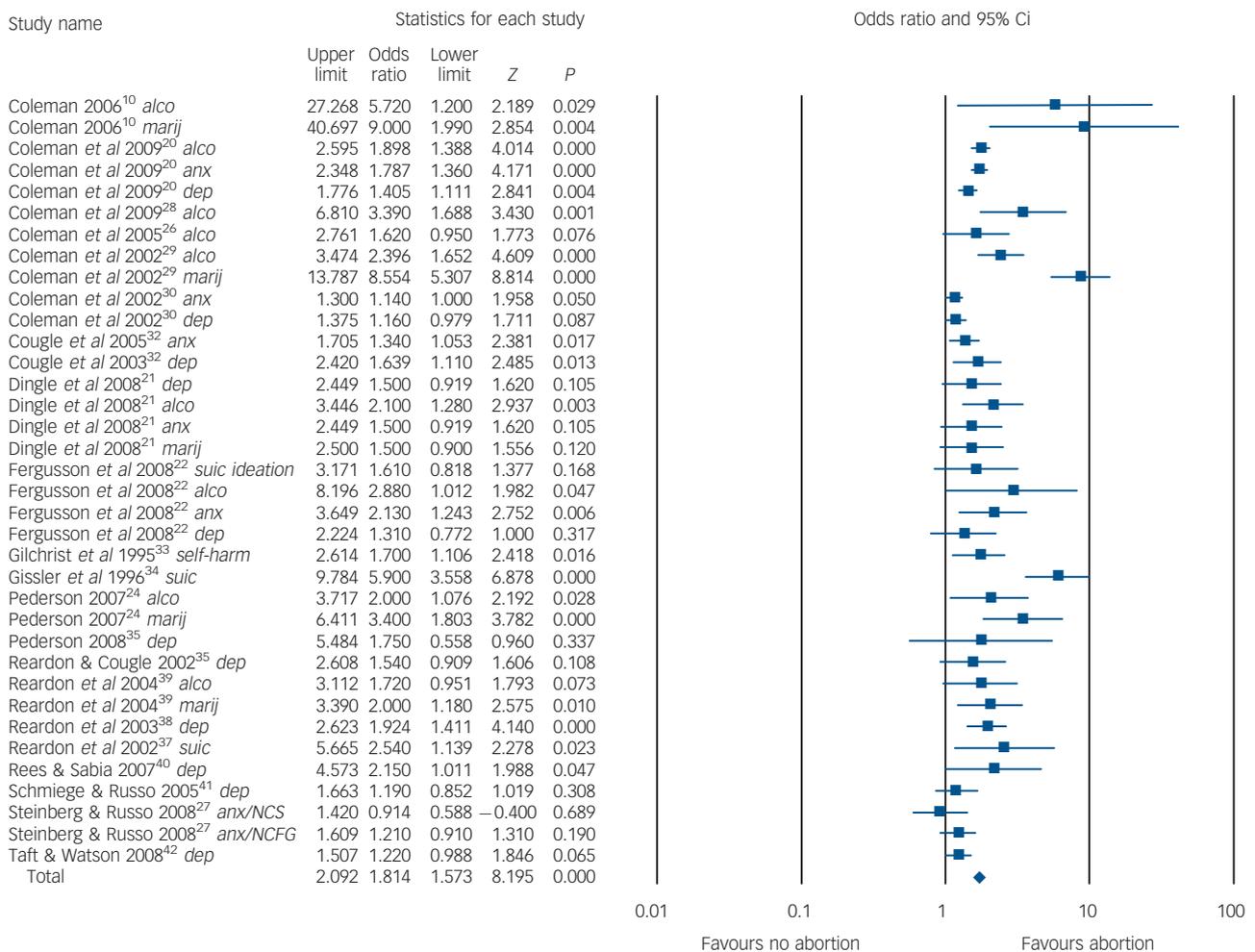


Fig. 1 Abortion and subsequent mental health outcomes. *alco*, alcohol misuse; *anx*, anxiety; *dep*, depression; *marij*, marijuana use; NCS, National Comorbidity Survey; NCFG, National Survey of Family Growth; *suic*, suicide.

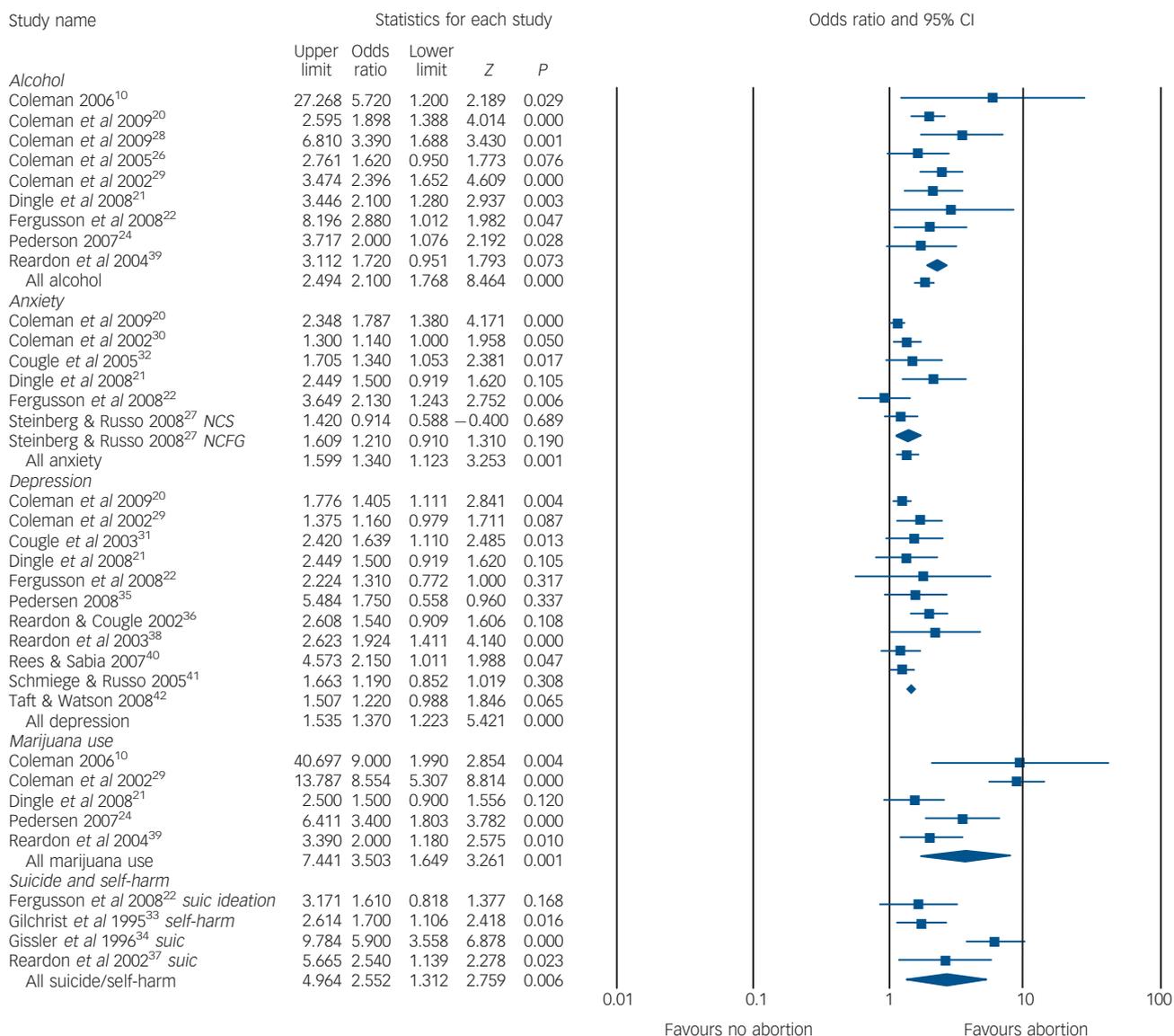


Fig. 2 Abortion and subsequent mental health outcomes, organised by dependent measures. NCS, National Comorbidity Survey; NCFG, National Survey of Family Growth; *suic*, suicide.

measured yielded a significant result (OR=4.11, 95% CI 1.82–9.31) and a PAR percentage of 34.9% was derived using this pooled odds ratio.

Discussion

Based on data extracted from 22 studies, the results of this meta-analytic review of the abortion and mental health literature indicate quite consistently that abortion is associated with moderate to highly increased risks of psychological problems subsequent to the procedure. The magnitude of effects derived varied based on the comparison group (no abortion, pregnancy delivered, unintended pregnancy delivered) and the type of problem examined (alcohol use/misuse, marijuana use, anxiety, depression, suicidal behaviours). Overall, the results revealed that women who had undergone an abortion experienced an 81% increased risk of mental health problems, and nearly 10% of the incidence of mental health problems was shown to be directly attributable to abortion. The strongest effects were observed when women who had had an abortion were compared with women who had carried to term and when the outcomes measured related

Table 1 Population-attributable risk (PAR) percentages based on outcome measure

Outcome	PAR %
Anxiety	8.1
Depression	8.5
Alcohol use	10.7
Marijuana use	26.5
All suicidal behaviours	20.9
Suicide	34.9
All	9.9

to substance use and suicidal behaviour. Great care was taken to assess accurately the risks from the most methodologically sophisticated studies, and the quantitatively based conclusions reflect data gathered on over three-quarters of a million women. Of particular significance is the fact that all effects entered into the analyses were adjusted odds ratios with controls for numerous third variables.

The finding that abortion is associated with significantly higher risks of mental health problems compared with carrying

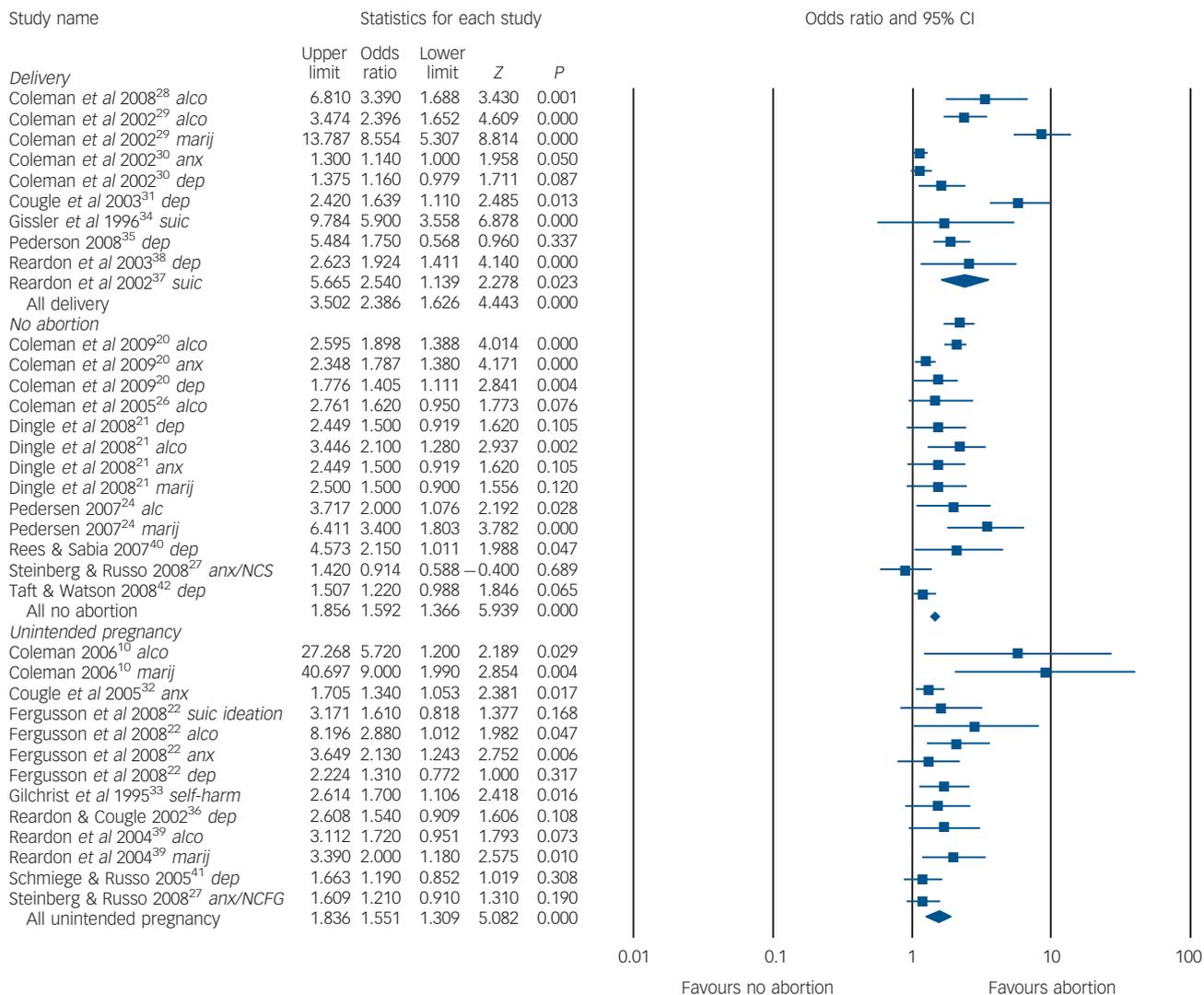


Fig. 3 Abortion and subsequent mental health outcomes, organised by comparison group. *alco*, alcohol misuse; *anx*, anxiety; *dep*, depression; *marij*, marijuana use; *NCS*, National Comorbidity Survey; *NCFG*, National Survey of Family Growth; *suic*, suicide.

a pregnancy to term is consistent with literature demonstrating protective effects of pregnancy delivered relative to particular mental health outcomes. For example, with regard to suicide, Gissler *et al* reported the annual suicide rate for women of reproductive age to be 11.3 per 100 000, whereas the rate was only 5.9 per 100 000 in association with birth.³⁴ Several other studies conducted in different countries have revealed even lower rates of suicide following birth when compared with women in the general population.⁴⁴⁻⁴⁷ More research is needed to examine systematically the specific nature of this protective effect against suicide, to determine the extent to which the protective effect holds for unintended pregnancies delivered, and to examine possible protective effects of childbirth relative to other mental health variables.

When the abortion group was compared with the no pregnancy group and with the unintended pregnancy delivered group, the magnitude of the effects was very close. This finding challenges the generally accepted belief that unintended pregnancy delivered represents the only or most appropriate control group for studies designed to explore the impact of abortion on mental health. Use of a no pregnancy delivered group may be a cleaner control group, since many women experience postpartum depression and/or anxiety following childbirth. From a practical standpoint, a no pregnancy comparison group should be

considerably easier to secure than a group of women who deliver an unintended pregnancy.

Future research

Future studies should explore possible process mechanisms linking abortion to substance misuse and suicidal behaviour, since the strongest effects were detected for these variables. For example, substance misuse and suicidal behaviour may result from efforts to block or avoid any psychological pain associated with the procedure and may be construed as faster, easier remedies for personal suffering than seeking professional help. Women could find it particularly difficult to reach out to others if they experience shame or guilt associated with the abortion. Consistent with the contemporary ethos of evidence-based medicine wherein effective use is made of the best available data from systematic research, firm standards should be articulated for accessing and synthesising information from the published literature for the purpose of training healthcare personnel. The results of this systematic, quantitative review cast serious doubt on the conclusions derived from the recently published traditional reviews described earlier,⁵⁻⁷ and suggest that there are in fact some real risks associated with abortion that should be shared with women as they are counselled prior to an abortion decision.

Healthcare professionals are responsible for educating patients in a manner that reflects the current scientific literature; however, the average practitioner does not generally have the time and expertise to study and attempt to resolve conflicting interpretations of the published research in order to extract the most reliable information. The responsibility therefore rests initially within the research community to set aside personal ideological commitments, objectively examine all high-quality published data, and conduct analyses of the literature that are based on state-of-the-art data analysis procedures, yielding readily interpretable synopses as has been attempted here. Once this goal is satisfactorily realised, professional organisations will face the challenge of developing efficient protocols for informing practitioners and for streamlining the dissemination of information to the public.

The US Preventive Services Task Force (USPSTF) within the Agency for Healthcare Research and Quality, which is a division of the US Department of Health and Human Services (www.aHRQ.gov/clinic/3rduspstf/ratings.htm), has identified basic guidelines for how scientific evidence should be used to inform practice. These are summarised below and are based on an analysis of risks and benefits as established in the scientific literature.

- Level A: Good scientific evidence indicates the benefits of the service substantially outweigh the risks with clinicians advised to discuss the service with eligible patients.
- Level B: Fair scientific evidence indicates the benefits of the service outweigh the risks with clinicians encouraged to discuss the service with eligible patients.
- Level C: At least fair scientific evidence indicating benefits are provided by the service, but the balance between benefits and risks precludes general recommendations. Clinicians are advised to only offer the service if there are special considerations.
- Level D: At least fair scientific evidence indicates the risks of the service outweigh benefits with clinicians advised not to routinely offer the service.
- Level I: Scientific evidence is deficient, poorly done, or conflicting precluding assessment of the risk benefit ratio. Clinicians are advised to convey the uncertainty of evidence surrounding the service to patients.

Putative benefits of abortion

Procedure benefits of abortion have not been empirically established and the results of the substantial review by Thorp *et al* described earlier in conjunction with the results of the present quantitative synthesis indicate considerable evidence documenting mental health risks.⁴ Without more research pertaining to possible benefits, the above guidelines are difficult to apply. In one study by Major *et al*,¹⁴ the average response of the study respondents reflecting their positive post-abortion emotional reactions (defined as 'happy', 'pleased' or 'satisfied') was 2.24 on a scale of 1 to 5, with 1 corresponding to 'not at all' and a 5 representing 'a great deal'. The passage of time apparently did not result in more positive emotions, because 2 years after abortion the average rating dropped by a statistically significant amount to 2.06. A few additional studies have addressed associations between abortion and educational attainment, income and other outcomes of this nature, which may be construed as indirect indicators of mental health;^{48,49} however, mental health benefits have received scant direct attention in the literature.

Concerns regarding the deficient positive effects literature were echoed in an editorial published in the *Psychiatric Bulletin*,⁵⁰ in which Fergusson questioned the legitimacy of justifying over 90% of UK abortions based on the presumption that abortion

offers the benefit of reducing mental health risks associated with continuing the pregnancy. Fergusson specifically stated:

Although decisions on whether to proceed with induced abortion are made on the basis of clinical assessments of the extent to which abortion poses a risk to maternal mental health, these clinical assessments are not currently supported by population-level evidence showing the provision of abortion reduces mental health risks for women having unwanted pregnancy.⁵⁰

Until sound evidence documenting mental health benefits of abortion is available, clinicians should convey the current state of uncertainty related to benefits of abortion in addition to sharing the most accurate information pertaining to statistically validated risks.

Strengths and limitations of this review

Motivated by the shortcomings of previous non-quantitative efforts to synthesise and analyse a complex literature prone to biased interpretations, I have attempted in this study to evaluate systematically a wealth of data on the topic of abortion and mental health. The use of inclusion criteria that resulted in incorporation of the largest and strongest studies published in recent years is an obvious strength. However, the review is clearly not exhaustive as only a 15-year publication window was examined and studies that did not incorporate a comparison group were not analysed. There is a strong need for a quantitative review of literature examining the hundreds of studies that have been conducted on samples of women who obtained abortions without inclusion of a comparison group. As noted previously, the review of literature conducted by the American Psychological Association Task Force confined their examination of this study form to US samples.⁵ Another limitation of my study relates to the lack of uniformity in control variables, demographic characteristics of the samples, length of time between the procedure and the follow-up assessments, and considerable variation in how the outcomes were measured.

It is encouraging to note that methodologically sophisticated studies on the topic of abortion and mental health are being published at a significantly higher rate than ever before. Researchers throughout the world are seeking to understand the experience of induced abortion more fully and are increasingly willing to take on a subject that has been shrouded in political controversy and has not received the scholarly attention it deserves. The latest example is a study based on National Comorbidity Survey – Replication data by Canadian researchers Mota *et al*.⁵¹ This 2010 study was published after the analyses reported herein were conducted; however, its results are startlingly similar. Statistically significant associations were observed between abortion history and a wide range of mental health problems after controlling for the experience of interpersonal violence and demographic variables. When compared with women without an abortion history, women with a prior abortion experienced a 61% increased risk of mood disorders. Abortion was further linked with a 61% increased risk of social phobia, and increased the risk of suicide ideation by 59%. In the realm of substance misuse, the abortion-related increased risks for alcohol misuse, alcohol dependence, drug misuse, drug dependence and any substance use disorder were 261%, 142%, 313%, 287% and 280% respectively. Population-attributable risk percentages were likewise similar, ranging from 5.8% to 24.7%.⁵¹

Concluding remarks

This review was undertaken in an effort to produce an unbiased, quantitative analysis of the best available evidence addressing abortion as one risk factor among many others that may increase the likelihood of mental health problems. The composite results reported herein indicate that abortion is a statistically validated risk factor for the development of various psychological disorders. However, when the independent variable cannot be ethically manipulated, as is the case with abortion history, definitive causal

conclusions are precluded from both individual studies and from a quantitative synthesis such as this one. Although an answer to the causal question is not readily discerned based on the data available, as more prospective studies with numerous controls are being published, indirect evidence for a causal connection is beginning to emerge.

Priscilla K. Coleman, Human Development and Family Studies, 16 D FCS Building, Bowling Green State University, Bowling Green, Ohio 43402, USA. Email: pcolema@bgnnet.bgsu.edu

First received 1 Jan 2010, final revision 5 Oct 2010, accepted 21 Mar 2011

References

- Bradshaw Z, Slade P. The effects of induced abortion on emotional experiences and relationships: a critical review of the literature. *Clin Psychol Rev* 2003; **23**: 929–58.
- Coleman PK. Induced abortion and increased risk of substance use: a review of the evidence. *Curr Women's Health Rev* 2005; **1**: 21–34.
- Coleman PK, Reardon DC, Strahan TS, Cogle J. The psychology of abortion: a review and suggestions for future research. *Psychol Health* 2005; **20**: 237–71.
- Thorp J, Hartman K, Shadigan E. Long-term physical and psychological health consequences of induced abortion: review of the evidence. *Obstet Gynecol Surv* 2003; **58**: 67–79.
- American Psychological Association Task Force on Mental Health and Abortion. *Report of the American Psychological Association Task Force on Mental Health and Abortion*. APA, 2008.
- Charles VE, Polis CB, Sridhara SK, Blum RW. Abortion and long-term mental health outcomes: a systematic review of the evidence. *Contraception* 2008; **78**: 436–50.
- Robinson GE, Stotland NL, Russo NF, Lang JA, Occhiogrosso M. Is there an 'abortion trauma syndrome'? Critiquing the evidence. *Harv Rev Psychiatry* 2009; **17**: 268–90.
- Kost K, Forrest JD. Intention status of US births in 1988: differences by mothers' socioeconomic and demographic characteristics. *Fam Plann Perspect* 1995; **27**: 11–7.
- Squires S. Most pregnancies unplanned or unwanted, study says. *Washington Post* 9 May 1995; **11**: 7.
- Coleman PK. Resolution of unwanted pregnancy during adolescence through abortion versus childbirth: individual and family predictors and consequences. *J Youth Adolesc* 2006; **35**: 903–11.
- Henshaw R, Naji S, Russell I, Templeton A. Psychological responses following medical abortion (using mifepristone and gemeprost) and surgical vacuum aspiration: a patient-centered, partially randomized prospective study. *Acta Obstet Gynec Scand* 1994; **73**: 812–8.
- Lauzon P, Roger-Achim D, Achim A, Boyer R. Emotional distress among couples involved in first trimester abortions. *Can Fam Physician* 2000; **46**: 2033–40.
- Lyndon J, Dunkel-Schetter C, Cohan CL, Pierce T. Pregnancy decision making as a significant life event: a commitment approach. *J Pers Soc Psychol* 1996; **71**: 141–51.
- Major B, Cozzarelli C, Cooper ML, Zubeck J, Richards C, Wilhite M, et al. Psychological responses of women after first trimester abortion. *Arch Gen Psychiatry* 2000; **57**: 777–84.
- Major B, Cozzarelli C, Sciacchitano AM, Cooper ML, Testa M, Mueller PM. Perceived social support, self-efficacy, and adjustment to abortion. *J Pers Soc Psychol* 1990; **59**: 186–97.
- Miller WB. An empirical study of the psychological antecedents and consequences of induced abortion. *J Soc Issues* 1992; **48**: 67–93.
- Miller WB, Pasta DJ, Dean CL. Testing a model of the psychological consequences of abortion. In *The New Civil War: The Psychology, Culture, and Politics of Abortion* (eds LJ Beckman, SM Harvey): pp. 235–67. American Psychological Association, 1998.
- Reardon DC, Coleman PK. Relative treatment rates for sleep disorders following abortion and childbirth: a prospective record-based study. *Sleep* 2006; **29**: 105–6.
- Slade P, Heke S, Fletcher J, Stewart PA. Comparison of medical and surgical methods of termination of pregnancy: choice, psychological consequences, and satisfaction with care. *Br J Obstet Gynaecol* 1998; **105**: 1288–95.
- Coleman PK, Coyle CT, Shuping M, Rue VM. Induced abortion and anxiety, mood, and substance abuse disorders: isolating the effects of abortion in the National Comorbidity Survey. *J Psychiatr Res* 2009; **43**: 770–6.
- Dingle K, Alati R, Clavarino A, Najman JM, Williams GM. Pregnancy loss and psychiatric disorders in young women: an Australian birth cohort study. *Br J Psychiatry* 2008; **193**: 455–60.
- Fergusson DM, Horwood LJ, Boden JM. Abortion and mental health disorders: evidence from a 30-year longitudinal study. *Br J Psychiatry* 2008; **193**: 444–51.
- Fergusson DM, Horwood LJ, Ridder EM. Abortion in young women and subsequent mental health. *J Child Psychol Psychiatry* 2006; **47**: 16–24.
- Pedersen W. Childbirth, abortion and subsequent substance use in young women: a population-based longitudinal study. *Addiction* 2007; **102**: 1971–8.
- Lipsey MW. Identifying interesting variables and analysis opportunities. In *The Handbook of Research Synthesis and Meta-Analysis*, 2nd edn (eds H Cooper, LV Hedges, JC Valentine): 147–58. Russell Sage Foundation, 2009.
- Coleman PK, Reardon DC, Cogle J. Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy. *Br J Health Psychol* 2005; **10**: 255–68.
- Steinberg JR, Russo NF. Abortion and anxiety: what's the relationship? *Soc Sci Med* 2008; **67**: 238–52.
- Coleman PK, Maxey DC, Spence M, Nixon C. The choice to abort among mothers living under ecologically deprived conditions: predictors and consequences. *Int J Ment Health Addiction* 2009; **7**: 405–22.
- Coleman PK, Reardon DC, Rue V, Cogle J. History of induced abortion in relation to substance use during subsequent pregnancies carried to term. *Am J Obstet Gynecol* 2002; **187**: 1673–8.
- Coleman PK, Reardon DC, Rue V, Cogle J. State-funded abortions vs. deliveries: a comparison of outpatient mental health claims over four years. *Am J Orthopsychiatry* 2002; **72**: 141–52.
- Cogle J, Reardon DC, Coleman PK. Depression associated with abortion and childbirth: a long-term analysis of the NLSY cohort. *Med Sci Monit* 2003; **9**: CR105–12.
- Cogle J, Reardon DC, Coleman PK, Rue VM. Generalized anxiety associated with unintended pregnancy: a cohort study of the 1995 National Survey of Family Growth. *J Anxiety Disord* 2005; **19**: 137–42.
- Gilchrist AC, Hannaford PC, Frank P, Kay CR. Termination of pregnancy and psychiatric morbidity. *Br J Psychiatry* 1995; **167**: 243–8.
- Gissler M, Hemminki E, Lonnqvist J. Suicides after pregnancy in Finland, 1987–94: register linkage study. *BMJ* 1996; **313**: 1431–4.
- Pedersen W. Abortion and depression: a population-based longitudinal study of young women. *Scand J Public Health* 2008; **36**: 424–8.
- Reardon DC, Cogle J. Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study. *BMJ* 2002; **324**: 151–2.
- Reardon DC, Cogle J, Ney PG, Scheuren F, Coleman PK, Strahan TW. Deaths associated with delivery and abortion among California Medicaid patients: a record linkage study. *South Med J* 2002; **95**: 834–41.
- Reardon DC, Cogle J, Rue VM, Shuping M, Coleman PK, Ney PG. Psychiatric admissions of low-income women following abortion and childbirth. *CMAJ* 2003; **168**: 1253–6.
- Reardon DC, Coleman PK, Cogle J. Substance use associated with prior history of abortion and unintended birth: a national cross sectional cohort study. *Am J Drug Alcohol Abuse* 2004; **26**: 369–83.
- Rees DJ, Sabia JJ. The relationship between abortion and depression: new evidence from the Fragile Families and Child Wellbeing Study. *Med Sci Monit* 2007; **13**: 430–6.
- Schmiege S, Russo NF. Depression and unwanted first pregnancy: longitudinal cohort study. *BMJ* 2005; **331**: 1303.
- Taft AJ, Watson LF. Depression and termination of pregnancy (induced abortion) in a national cohort of young Australian women: the confounding effect of women's experience of violence. *BMC Public Health* 2008; **8**: 75.
- Borenstein M, Hedges LV, Higgins JPT, Rothstein HR. *Introduction to Meta-Analysis*. Wiley, 2009.
- Appleby L. Suicide during pregnancy and in the first postnatal year. *BMJ* 1991; **302**: 137–40.
- Kleiner GJ, Greston WM (eds). *Suicide in Pregnancy*. John Wright, 1984.
- Lindahl V, Pearson JL, Colpe L. Prevalence of suicidality during pregnancy and the postpartum. *Arch Womens Ment Health* 2005; **8**: 77–87.
- Schiff MA, Grossman DC. Adverse perinatal outcomes and risk of postpartum suicide attempt in Washington State, 1987–2001. *Pediatrics* 2006; **118**: e669–75.
- Bailey PE, Bruno ZV, Bezerra MF, Queiroz J, Oliveira CM, Chen-Mok M. Adolescent pregnancy 1 year later: the effects of abortion vs. motherhood in Northeast Brazil. *J Adolesc Health* 2001; **29**: 223–32.
- Fergusson DM, Boden JM, Horwood LJ. Abortion among young women and subsequent life outcomes. *Perspect Sex Reprod Health* 2007; **39**: 6–12.
- Fergusson DM. Abortion and mental health. *Psychiatr Bull* 2008; **32**: 321–4.
- Mota NP, Burnett M, Sareen J. Associations between abortion, mental disorders, and suicidal behaviour in a nationally representative sample. *Can J Psychiatry* 2010; **55**: 239–47.

ARKANSAS

**TESTIMONIES OF 12 WEEKS GESTATION
OR MORE**

DECLARATION HOW MY ABORTION AFFECTED ME

The State of AR

County of Boone

My name is Micki I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Atlanta GA

07//1974

2. How many weeks pregnant were you?

14

3. What type of abortion was performed?

saline

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I was forced to have this abortion by my ex-husband, an Army officer, who felt another child would adversely effect his military career. It not only broke my heart when I killed my unborn child, but it killed my love for my husband and eventually destroyed my marriage.

5. Were you adequately informed of the consequences of abortion?

Yes No

I had no idea of the mental,emotional and physical toll it would take on my life. It was, indeed, a life-shattering experience and an example of post traumatic shock syndrome at its worst.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

My ex-husband.

9. How has abortion affected you?

I spent years struggling with grief, remorse and guilt. It took much counseling and finally a divorce before I could allow myself to receive God's merciful forgiveness for this horrific act.

10. How has your abortion affected others in your life?

It caused me to hate my ex-husband. It caused him the same kind of emotional distress, and our relationship was ultimately destroyed. It affected my children, and my step-daughter found herself doing

the same thing in her life and struggling with the same issues for years.

11. Based upon your experience, what would you tell a woman considering abortion?

Please don't do it. Be responsible and respect your yourself. If you get in that position, don't let anyone convince you that this is a "way out" and will "be over before your know it." It will not "be over before you know it," and it will effect your life for years and years to come. It can even destroy you.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

Our laws should be written to protect our citizens, and the legalization of abortion has made it legal to destroy the lives of men, women and children in this nation with the court's blessings! Please change the law to protect us!

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 6/16/2008

Please use my Full Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION HOW MY ABORTION AFFECTED ME

The State of AR

County of Benton

My name is Lisa I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

TX
//1987

2. How many weeks pregnant were you?

14

3. What type of abortion was performed?

Suction Aspiration

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I was told it was a mass of tissue. I was NOT told that at the time of my abortion, all arteries are present, including the coronary vessels of the heart and that blood was fully circulating through these vessels to all body parts. I was NOT told that the "mass of tissue" had complete vocal chords and that the brain was fully formed and that the "mass of tissue" had organized muscles, could feel pain, suck it's thumb, and had eye lids that protected its delicate optical nerve fibers. I was NOT told that the flutters I felt were actually kicks and movements of the "mass of tissue"... of course, I did hear them say in the middle of the abortion "she is farther along than we thought" as I cried for them to stop... "It's too late, honey. You did the right thing. Now, you can go on with your life." I could hear the water running in the sink nearby. I then heard a big plop... "Did you just throw my baby in the trash?" I thought. ... Then they shuffled me out the back way.

5. Were you adequately informed of the consequences of abortion?

Yes No

I was not told that I would never forget anything. I was not told I would experience deep despair and lonely scars of regret. I did not bring enough money to be put to sleep through the "procedure"... so I was awake the whole time. They numbed me. I felt no physical pain... but I will never forget the tugging and the pulling. I will never forget the sound of that vacuum. Instead, I was told I did the right thing. It was just a mass of tissue. That I could go on with my life. I am 40 years old with 6 living children. Two of my children are adopted. I have never forgotten my first child. The child murdered by having an abortion because they kept assuring me it was a mass of tissue. Who gets attached to a mass of tissue? A mass of tissue that could easily be aborted, forgotten, right? No. ...no. Not a "mass of tissue". A life wonderfully made, knit within my womb. A life destroyed. Literally ripped from my body. I can't forget. I will never forget.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

I pressured myself. I was afraid to have a baby.

9. How has abortion affected you?

I became pregnant as an older teen. My father begged me NOT to abort. So I went to my mother. She left my dad, me, my sister and brother when I was 6 years old. She took me to the hospital to get an exam. They asked me, after they confirmed that I was pregnant, if I wanted to carry the baby to full term or abort the mass of tissue. Since I had no attachment to a "mass of tissue" I figured this would be no big deal. My mother gave me the money I needed to have the abortion. She dropped me off at the clinic. I was alone and had no idea what I was doing. I did not bring enough money to be put to sleep through the "procedure"... so I was awake the whole time. They numbed me. I felt no physical pain... but I will never forget the tugging and the pulling... the sound of the vacuum. After the abortion, I was shuffled out the back way. I sat alone on the curb outside, waiting for my mother to come pick me up. She was an hour late. They told me I would forget about the "mass of tissue" and be able to go on with my life, but I was having nightmares every night. For many years, a day did not go by that I did not contemplate suicide. Guilt, sorrow, loss of dignity and deep shame are the most felt responses after an abortion. I experienced deep despair and lonely scars of regret. Though forgiven, I will never forget.

10. How has your abortion affected others in your life?

When my oldest 2 children found out, it devastated them that I would do that. They were angry with me and could not understand why I would ever do such a thing. I spoke for CareNet Crisis Pregnancy Centers fundraiser one year and then gave my abortion testimony on the radio. I hired a babysitter to watch my children. I had NO IDEA she would listen to the testimony on the radio with my children listening. I wanted to tell them myself when they were a bit older. It was a very difficult time. They asked so many hard questions. Especially "Why"... I still have a hard time answering that. I can't answer that. By the grace of God alone, I have an amazing life now. With 6 children, precious gifts from God, I do not take life for granted. Most especially in light of having experienced the nightmare horror of abortion and even the fact that I was diagnosed with multiple sclerosis in 1999. I try to live every moment to its fullest because the value of life, the value of living, should never be taken for granted.

11. Based upon your experience, what would you tell a woman considering abortion?

Please choose life. Your life should never be taken for granted. Please do not take for granted the life of the child being knit together in your womb by the hand of God. What is inside of you is not a "mass of tissue" You have a choice. You can have the memories of a child being knit in your womb and given the chance to live. Perhaps even giving a family who cannot have a child the opportunity to provide a loving home for your baby. or You can have the memory of a baby being ripped from your womb. A life aborted with the only excuse of inconvenience. A choice that will haunt you for the rest of your life. Choose a memory that will bless you and not haunt you. Please... choose life.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

Women aren't forced to bear children, they choose to bear children by the act of having sexual intercourse. (rape or incest account for less than 1% of legal abortions.) If a man chooses not to be a father, he is considered a dead-beat loser. If a women chooses not to be a mother, she is kindly labeled pro-choice. Why? Abortions based on the mother's health account for 3% of abortions. Abortions based on the baby's health account for 3% of abortions. Most women pursuing abortion feel selfishly inconvenienced by pregnancy. 1.5 Million babies are being aborted every year. That is over a million babies dying due to inconvenience. This is not a mass of tissue. This is life. A baby. A person... and 100% of a person's genetic makeup is determined at the moment of conception. Science and medicine define being a person (human) by genetic means. No one is saying that babies should have rights equal to or superior to a woman's. Babies simply have a right to life. Every child is a wanted child. The option of adoption is a far healthier option and there are endless lists of families waiting and longing to adopt those babies. Abortion is not a choice about women's value, family, career, how to live their lives, or when or whether to have children. Abortion is a choice between allowing an unborn baby to live or killing it.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 6/9/2009

Please use my Full Name

Signature

Lisa

My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION HOW MY ABORTION AFFECTED ME

The State of AR

County of Craighead

My name is Linda . I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

San Francisco CA

11/15/1972

2. How many weeks pregnant were you?

12

3. What type of abortion was performed?

D&C

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I was receiving treatment from a planned parenthood clinic. I don't even remember the word abortion being used. I was very sick and in a very abusive marriage, had an infant son and totally isolated from friends and family. (My recollection is very vague on a lot of the details and the date, exact location and time, etc.)

5. Were you adequately informed of the consequences of abortion?

Yes No

Again, I don't recall the word abortion being used. Seems the word D&C was used. They were going to make me feel better. Physically I did, emotionally, I've never been the same since.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

Influenced yes.

9. How has abortion affected you?

There is seldom a day that goes by I do not think of my son and what he could have accomplished in this world. The loss never goes away. As my children are having children there is the ever present realization that there is a generation forever lost.

10. How has your abortion affected others in your life?

Depression, self destructive behavior, failed relationships, marriages, breast cancer. When I told my children they were devastated and it took a while to re-build there confidence in their mother.

11. Based upon your experience, what would you tell a woman considering abortion?

Whatever is going on in your life, it is temporary! Abortion is forever! You can make it through. There are

Pregnancy Crisis Centers available to assist you physically, emotionally and spiritually. I wonder had their been a PRC available to me would my life have been different?

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

Would you take your innocent infant child or grandchild and cut it to pieces and throw it away? Abortion is no different!

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 7/29/2008

Please use my Full Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION HOW MY ABORTION AFFECTED ME

The State of AR
County of White

My name is A H I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Minneapolis MN
07//2006

2. How many weeks pregnant were you?

12

3. What type of abortion was performed?

Medical Induced

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

5. Were you adequately informed of the consequences of abortion?

Yes No

I had no idea of the intense emotional and psychological pain I would experience for years after the abortion.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

9. How has abortion affected you?

It has caused depression, anxiety, feelings of guilt and shame, the inability to forgive myself, the trauma of having to hide a painful secret from my family and problems sleeping.

10. How has your abortion affected others in your life?

It has made it so my family cannot really know me and has burned my marriage.

11. Based upon your experience, what would you tell a woman considering abortion?

It may seem like the best thing to do but you will experience pain later on. It took me several years to grieve the death of my child. That ultimately is what a woman who has had an abortion must come to terms with. There was a baby and that baby is no longer here. It is a terrible realization.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

The practice of abortion is barbaric. The sanctity of life must be respected at all stages. If our country is to be built on human liberty we must choose life for every human being.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 10/25/2010

Please use my initials Only

Signature

Handwritten signature 'A' and initials 'H'.

My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

If someone you know has had an abortion, encourage them to complete this form.

DECLARATION HOW MY ABORTION AFFECTED ME

The State of ARKANSAS
County of ARKANSAS

"My name is Carri. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

- 1) When and where did your abortion occur, including city and state? Landstuhl, Germany
- 2) How many weeks pregnant were you? 13 What type of abortion was performed? Suction
- 3) Were you adequately informed of the nature of abortion, what it is, what it does? (Check One) Yes No If no, explain: I found out I was pregnant, decided to have an abortion, but I had no counseling about it. The next available appointment was made for about a month later.
- 4) Were you adequately informed of the consequences of abortion? No, not at all. I wish someone had told me. Persuaded me not to do it, to not even consider it.
- 5) Were you informed of any link between abortion and breast cancer? Yes No Have you had breast cancer? Yes No
- 6) Did anyone pressure you into having an abortion? Yes No If yes, who?
- 7) How has abortion affected you? I was 18 years old and was in the Army stationed in Bad Kreuznach, Germany. I had only been in Country one month. I had a one-night stand with a married fellow soldier who it was not at all interested in. He was on his way back to the states in about a month. I wanted to keep my baby, but saw no possible way to do that. I never told the guy; I didn't know his real name. I always wanted many children (8). Since I was a child, so I tried to take care of my baby while I could by talking to her and telling her I was sorry for having to abort her and that I wished I could →
- 8) How has your abortion affected others in your life? My children didn't get to have the mother they deserve, my husband didn't have a good wife, I was deranged most of the time.
- 9) Based upon your experience, what would you tell a woman considering abortion? Don't do it. Please don't do it, you will live to regret it just like I do. Keep your child and if you can't raise it, let someone adopt him or her, but please don't for yoursake. Kill it.
- 10) Based on your own experience, what would you tell a court that believes abortion should be legal? Where would you or your children be now if someone had decided to abort you. Someone saw you as valuable or you would not be here. It's the least you can do for unborn children, choose to give them the benefits you were given.

You may attach additional pages of testimony, if needed.

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this 27th day of June, 2008.

Please use my: Full name First name only Initials only

Signature: Carri
My signature evidences my authorization to use this declaration for all purposes

You may contact me Do not contact me

THE FOLLOWING PERSONAL INFORMATION IS KEPT CONFIDENTIAL BY THE JUSTICE FOUNDATION
(Please print clearly)

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

This form may be duplicated before completing. Forms can be downloaded from www.operationoutcry.org

Return To: The Justice Foundation • 8122 Datapoint Drive • Suite 812 • San Antonio, TX 78229

Questions? Please call toll-free 1-866-4-OUTCRY (468-8279) Need Help? 1-866-482-LIFE (5433)



Attachment

Carol
June 21, 2008

(7) Keep her (I felt it might be a little girl). I ate ~~was~~ right, talked to her and cherished her while I had the chance, knowing what I had planned to do. I saw no other way, since I had only arrived in Germany a month before, and didn't have family to support me. I never told anyone in my family. I am 46 years old ~~to~~ now and I deeply regret having killed my first born child. He or she would be about 28 years old now. I have never been able to complete anything I've ever begun (besides a meal) in my entire life to this day. I have had bouts of depression and suicidal ideations throughout the years. The guilt never leaves me, although I know God has forgiven me, I can never forgive myself or excuse myself. I wish I had never made that decision. I wish abortion had never been an option for me. My baby's life was precious and I decided to murder her or him, this I'll never know, whether it was a boy or girl. I have 2 children now. A daughter, and a son who I love very much. I have been very protective of them both to the point of getting a job in the schools they attended so I could keep them from being harmed and

Carol

June 29, 2008

I would kill anyone and everyone who ever tried to harm them, I promise you. That's what killing my child has done to me. I have a failed marriage behind me. I've tried to go to college 5 or 6 times over the years and have given up for fear of failure. I have been and am bulimic. I have tried to kill myself with food. I have overdosed on drugs at least 3 times. I have tried to hang myself once. Tried to cut my wrist once. Abused drugs and sex with many partners. I have hated myself. I have isolated myself from family and friends. I spend most of my time alone. I am disabled. I have no life (social). I have my 2 children who are 20 and 18 years old. They are the loves of my life. They give me the will and want to live. I'm left to wonder what my life would have been like had I not aborted my child. When I ended that life, I ended my own. I had so much potential and it all was wasted when I took my child's life.

(2)

Sincerely,
Carol

ARKANSAS

TESTIMONIES UNDER 12 WEEKS GESTATION

NOT FORCED

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Benton

My name is Morgan I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Oklahoma City OK

12/14/2002

2. How many weeks pregnant were you?

10

3. What type of abortion was performed?

D&C

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

5. Were you adequately informed of the consequences of abortion?

Yes No

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

9. How has abortion affected you?

I sufferend severe depression. I cried for no reason at all times. I was sleeping for 20 hours a day, unable to cope with others.

10. How has your abortion affected others in your life?

They've come to terms with my decision, but it still affects daily activities.

11. Based upon your experience, what would you tell a woman considering abortion?

Don't do it. Do anything else you can, tell your parents and loved ones--no matter the consequences.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

That they should have lived with me for the two years I was tryin gto keep it a secret. That they should be forced to live through severe depression, with no one really understanding what they're going through.

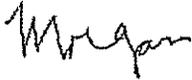
PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 7/1/2008

Please use my First Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of pulaski

My name is P O I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

little rock AR

09//1980

2. How many weeks pregnant were you?

8

3. What type of abortion was performed?

I didn't realize there was more than one kind of abortion

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I was told that it was just a blob of protoplasm, and not alive. I was told that it couldn't feel pain because it wasn't alive.

5. Were you adequately informed of the consequences of abortion?

Yes No

At the time, I didn't realize there would be consequences. I'm not sure if you're referring to physical or emotional consequences.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

9. How has abortion affected you?

For years, I believed that because it was a blob, no harm done. It wasn't alive, it didn't feel pain, so it wasn't yet a "baby". When I realized that this wasn't true, I felt great shame for many years.

10. How has your abortion affected others in your life?

I only told those who would be supportive. To my knowledge, they didn't think much about it. To this day, my own mother doesn't know. I didn't tell her because she was one of those people who judges, name calls, etc. I was 19, and the father was 33. If I had known the truth, I would have endured all of that rather than live with what I did, which was ordering the murder of my child. I know that there would have been others who would have stood in support of my decision to have the baby, including my father.

11. Based upon your experience, what would you tell a woman considering abortion?

Your baby is alive, and is a real baby at every stage while in the womb. Just because the government

says it's not alive doesn't mean it is so. It has been proven scientifically, as well as spiritually that the baby is alive the very second it is conceived. It's human at every stage.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

Stop lying to women about the child not being able to feel pain, and about it not being "real" until it's three months old. It's deceptive and cruel to the child as well as the mother. The government has no business keeping this fact from the mothers. The mothers are already confused and scared—deception only enforces the guilt that comes later, and never goes away. Telling these women the truth is the only fair thing to do. Take the responsibility that goes with our position. Women deserve better.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 6/22/2009

Please use my Initials Only

Signature

P O

My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Crittenden

My name is Dickie , . I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Memphis TN

//1976

2. How many weeks pregnant were you?

6

3. What type of abortion was performed?

I don't remember

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I was told that it was not a life. I did not realize then what I know now.

5. Were you adequately informed of the consequences of abortion?

Yes No

I was told there would not be any after effects and of course then I only thought of the physical effects.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

9. How has abortion affected you?

I have trouble having a relationship with my husband. I don't like to be around babies and I do not want to hold one. I have numbness on my left side and I feel like it is a result of that. I have lower abdomen pain all the time and I feel like that is also a result. The mental effects seem as if they will never go away. I have had 2 abortions.

10. How has your abortion affected others in your life?

I really don't think my husband realizes how I have been affected. We don't talk about it. I don't think he understands the reason for my lack of interest in a physical relationship.

11. Based upon your experience, what would you tell a woman considering abortion?

First that she is taking the life of a human being. I would tell her that God condemns murder. That He is the Creator of all things and He created that child she is carrying. I would tell her how it has affected me even though I know that God forgave me when I was saved. I would ask her to consider adoption rather than abortion.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

If I could go back, I would not have had either abortion. I would go through with my pregnancy. I would have sought good Biblical counseling. I would tell them that the physical effects and the mental effects last a lifetime. I would explain that I have not been able to fulfill my duties as a wife. I would explain to them there is such great mental anguish.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 1/21/2009

Please use my Full Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AZ

County of Pima

My name is Darlene . I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Bethesda MD

09/09/1978

2. How many weeks pregnant were you?

8

3. What type of abortion was performed?

Suction

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I was told that all that was inside me was a blob of tissue.

5. Were you adequately informed of the consequences of abortion?

Yes No

The only information I received was to contact a doctor if I had continued bleeding or pain.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

9. How has abortion affected you?

As soon as the abortion began, I began to feel sick to my stomach. As it continued, I knew without a doubt that I was killing a child, that it was not a mere blob of tissue as they had said. At this point, I wanted to stop it, but I believed it was too late and that the damage was done. For years I had to carry the guilt of killing my own child. I later carried four children and with each child, for nine months, I was consumed with guilt over the murder of my first child. Make no mistake, abortion IS murder. Even after 30 years, the pain still lingers.

10. How has your abortion affected others in your life?

Most women I know feel bad about having had abortions. What I have found most interesting is that many women will condone and defend abortion because if they admit it is wrong, they will have to admit they were wrong. They don't want to face what they have done.

11. Based upon your experience, what would you tell a woman considering abortion?

I would tell her that she will live to regret it. I would inform her that there are many resources out there that would help her and her child. I would tell her there are many, many people out there who would love

to have a baby, and can't who would be happy to raise their child. I am so convinced that abortion is wrong that I have offered to help raise the children of many young girls who were considering abortion. Oddly enough, when many young girls hear that you would be willing to take and raise the child, they realize the value of that child, and they keep it rather than kill it.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

I would tell the court that abortion is murder, and that all you have to do is have one to know that. I would tell the court that murder is murder, and nobody has the right to take the life of an innocent. I would tell the court that just because a woman is carrying a child no more gives her the right to kill it, than she would have if she had already delivered the child. I would tell the court that by allowing women to kill their children, they are not only killing the children, but they are damaging the women/girls, and society as a whole. The less value life has in the womb equals the less value life has outside the womb.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 7/19/2008

Please use my Full Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Benton

My name is ROxane I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Toronto Canada

12/20/1994

2. How many weeks pregnant were you?

10

3. What type of abortion was performed?

"theraptic DNC"

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

5. Were you adequately informed of the consequences of abortion?

Yes No

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

9. How has abortion affected you?

I thought by doing this, was the quick fix, permanent fix. I did not realize it would haunt me forever. Everytime I see a child playing or hold a baby in my arms. It has only been the last two year with GOD's Strenth that I am able to even speak of it. That's after 3 therapists and thousands of depression pills. SOME say that I may have been depressed anyway. But it isn't a happenstance that since I have finely opened up and dealin with what I have done that I have not been on anti-depressants.

10. How has your abortion affected others in your life?

Have you ever lived with someone that is always depressed. I look back and I believe my children have suffered more than me. I did not give them the love that they deserved, due to I thought that it was unfair to the one I never gave a chance to.

11. Based upon your experience, what would you tell a woman considering abortion?

It isn't a fix to a problem. It's the start of the worst choice of your life.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

As I do believe that a woman has the right over her own body and the choices of the life. The baby's rights need to be protected.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 6/17/2008

Please use my Full Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Van Buren

My name is Maria I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Little Rock AR

01/24/1994

2. How many weeks pregnant were you?

8

3. What type of abortion was performed?

Vaccuum

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I was not counseled or advised by the staff as to the nature of the abortion.

5. Were you adequately informed of the consequences of abortion?

Yes No

I was not informed at all by any of the staff about consequences involved with abortion.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

9. How has abortion affected you?

Depression, alcohol abuse, guilt, pain, insecurity, fear, isolation. I felt like I committed murder but it was legal.

10. How has your abortion affected others in your life?

Neglect of children that were living because of the guilt of the unborn life I had taken. Marrital discord, anger in relationships

11. Based upon your experience, what would you tell a woman considering abortion?

Abortion is NOT the easy way out. It will affect you for the rest of your life.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

Lives are at stake. Women who survive the abortion suffer and repress the suffering for many years. Leading to depression, drug abuse, and parental and marrital discord and unhealthy relationships.

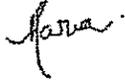
PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 8/16/2008

Please use my Full Name

Signature

A handwritten signature in cursive script, appearing to read "Anna".

My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

If someone you know has had an abortion, encourage them to complete this form.

DECLARATION HOW MY ABORTION AFFECTED ME

The State of ARKANSA
County of Benton

"My name is Denise. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

1) When and where did your abortion occur, including city and state? California-1991 Arkansas 1998
2) How many weeks pregnant were you? don't remember What type of abortion was performed? Not partial birth
3) Were you adequately informed of the nature of abortion, what it is, what it does? (Check One) Yes No If no, explain: _____

4) Were you adequately informed of the consequences of abortion? Yes

5) Were you informed of any link between abortion and breast cancer? Yes No Have you had breast cancer? Yes No

6) Did anyone pressure you into having an abortion? Yes No If yes, who? _____

7) How has abortion affected you? The guilt, pain and periods of depression overwhelm me. I would like to think that I would have acted differently if abortion wasn't such an easy option. Women are overwhelmed with emotion when they discover an unexpected pregnancy. If we can change our laws and society to embrace women at this critical time, we can change lives. Not help.

8) How has your abortion affected others in your life? My husband, my children.

9) Based upon your experience, what would you tell a woman considering abortion? I would tell her that there are programs that she may not know about. Those programs are not as known as abortion clinics.

10) Based on your own experience, what would you tell a court that believes abortion should be legal? It is simple - the fetus is a life - nobody has the right to choose if he/she lives or dies. Don't let women think that this is acceptable. The laws dictate peoples point of views.
You may attach additional pages of testimony, if needed.

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this 17 day of June, 2008.

Please use my: Full name First name only Initials only

Signature: Denise

You may contact me Do not contact me Confidentially

My signature evidences my authorization to use this declaration for all purposes

THE FOLLOWING PERSONAL INFORMATION IS KEPT CONFIDENTIAL BY THE JUSTICE FOUNDATION

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

This form may be duplicated before completing. Forms can be downloaded from www.operationourity.org
Return To: The Justice Foundation - 8122 Datapoint Drive - Suite 812 - San Antonio, TX 78229
Questions? Please call toll-free 1-866-4-OUTCRY (468-8279) Need Help? 1-866-482-LIFE (5433)

AFFIDAVIT

(Questions For WOMEN Who Have Undergone Abortion)

The State of AR

County of Lonoke

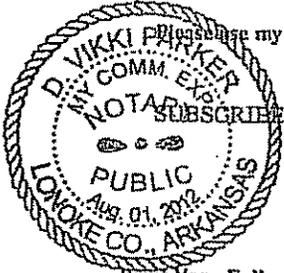
BEFORE ME, the undersigned authority, on this day personally appeared C S (Print Name), who, being by me duly sworn, upon oath, stated the following facts:

"I am over the age of eighteen years, and I am of sound mind and competent to make this affidavit. I have personal knowledge of the facts stated in this affidavit, and I do solemnly swear, or affirm, that the following facts are true:

- 1) Tell when and where your abortion occurred: When I was about 20, in 1999, in North Little Rock, AR.
- 2) Were you adequately informed of the nature of abortion, what it is, what it does? If not, explain: no, I had no clue, I just knew I could have there and not be pregnant anymore
- 3) Were you adequately informed of the consequences of abortion? no
- 4) Were you informed of any link between abortion and breast cancer? Have you had breast cancer? no, had no idea - no I have not
- 5) Did anyone pressure you into having an abortion? If so, who? no
- 6) How has your abortion affected you? I turned to drugs to mask my pain and became severely addicted, became involved with violent men
- 7) How has your abortion affected others in your life? became estranged from immediate family, pushed my daughter away because I felt guilty for having her.
- 8) Based on your own experiences, what would you tell a woman thinking of having an abortion? it will negatively change your life forever, can never be taken back
- 9) Based on your own experience, what would you tell a court that believes abortion should be legal? it has long-term effects on the mothers of these babies, not only is it killing innocent babies but ruining the lives of the mothers forever unless they get counseling, and most do not

"I have read the above and foregoing statement and the same is true and correct."

C S
My signature evidences my authorization to use this affidavit for all purposes.



Print Your Full Address, City, &

Please

SUBSCRIBED AND SWORN TO before me, the undersigned authority, this the 24 day of Feb, 2007

D. Vikki Parker
NOTARY PUBLIC

If someone you know has had an abortion, encourage them to complete this form.

DECLARATION HOW MY ABORTION AFFECTED ME

The State of Arkansas
County of Miller

"My name is Adrian. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

- 1) When and where did your abortion occur, including city and state? Dallas TX Oct-2001
- 2) How many weeks pregnant were you? 5 What type of abortion was performed? ?
- 3) Were you adequately informed of the nature of abortion, what it is, what it does? (Check One) Yes No If no, explain: They told me I had an ultrasound before I had any questions and that was it.
- 4) Were you adequately informed of the consequences of abortion? NO

- 5) Were you informed of any link between abortion and breast cancer? Yes No Have you had breast cancer? Yes No
- 6) Did anyone pressure you into having an abortion? Yes No If yes, who? _____

7) How has abortion affected you? It has caused major depression and I turned to drugs & drinking to deal with the pain. I became very bitter and unhappy with life. The man was deeply hurt that he did not have a son that it was his child. 8 years later I still think of that baby and what he or she might look like. My mother was very hurt by it also. But thank God for His son Jesus to forgive us of our sins.

8) How has your abortion affected others in your life? Yes - mother.

9) Based upon your experience, what would you tell a woman considering abortion? That it is a baby from the moment the sperm & egg meet. There is plans and a destiny for that child. It truly is a blessing.

10) Based on your own experience, what would you tell a court that believes abortion should be legal? That it is wrong and murder. It affects the emotional part of humans and should not be legal. One generation has been killed by the hands of those who have.
You may attach additional pages of testimony, if needed, to help them.

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this 29 day of September, 2008.

Please use my: Full name First name only Initials only

You may contact me Do not contact me

Signature: Adrian
My signature evidences my authorization to use this declaration for all purposes

THE FOLLOWING PERSONAL INFORMATION IS KEPT CONFIDENTIAL BY THE JUSTICE FOUNDATION
(Please print clearly)

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR
County of Greene

My name is Brooklyn. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Little Rock AR

03/09/2012

2. How many weeks pregnant were you?

14

3. What type of abortion was performed?

D&C

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I did not know and was not explained to that the limbs of my baby would be ripped apart and out. Dr. Tvedten performed the abortion on me. Other than coming in and saying that if I felt like I was going into labor I needed to inform someone and that I would sit there and have to wait 2 hours that is all he said to me.

5. Were you adequately informed of the consequences of abortion?

Yes No

Noone informed me of the emotional and psychological side effects at all.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

9. How has abortion affected you?

I live with this regret and guilt every single day of my life. My due date, holidays, special occasions etc. have all been very hard for me to deal with. My babies 1 year bday is coming up soon and I am already dreading that day. When I go to the OBGYN dr. I feel like I am going to have a panic attack because the sight of instruments and the exam table everything about going to the dr. brings back so many flashbacks.

10. How has your abortion affected others in your life?

I dont know if it has or not.

11. Based upon your experience, what would you tell a woman considering abortion?

I would tell her to please not go through with this because you will regret it for the rest of your life. I know it feels as though there are no other options but there are and I would help her figure it all out. Its def. not something you want to live with.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

"It is murder just the same as taking a gun and shooting someone." You are killing a child.

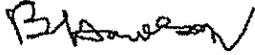
PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 5/3/2013

Please use my First Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

THE FOLLOWING PERSONAL INFORMATION IS KEPT CONFIDENTIAL BY THE JUSTICE FOUNDATION

Name
Brooklyn

Phone Number

Address

Email Address

You may contact me

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

ARKANSAS

TESTIMONIES UNDER 12 WEEKS GESTATION

FORCED ABORTIONS

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Woodruff

My name is Rita I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Little Rock AR

//1997

2. How many weeks pregnant were you?

11

3. What type of abortion was performed?

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

5. Were you adequately informed of the consequences of abortion?

Yes No

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

My mother

9. How has abortion affected you?

grew up bitter and angry!! I was 15 years old when I had the abortion. My mother told me that I was not going to make her an unfit mother. I guess she thought that was best thing for me not considering what it done to my spirit.

10. How has your abortion affected others in your life?

lived a life of shame and guilt and been angry at my children without realizing how i was hurting them. not been able to love them the way i should.

11. Based upon your experience, what would you tell a woman considering abortion?

don't do it. because regardless if they tell you that it is only a fetus. it is a spirit. and children are a herlige of the Lord.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

reagardless what they say. it is murder to me and i don't want to stand in front of the Lord saying I killed my child. and you just open the door for the enemy to torture you. it does more damage to your spirit then you realize and if you don't have the Lord as your foundation you're really in trouble.

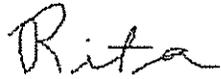
PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 7/17/2012

Please use my First Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Lonoke

My name is Paulette _____ I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Little Rock AR

01/11/1995

2. How many weeks pregnant were you?

6

3. What type of abortion was performed?

vacuum aspiration

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I was told instruments would be much like when having a pap smear and the contents of my uterus would be suctioned out.

5. Were you adequately informed of the consequences of abortion?

Yes No

I was told of no after effects physical or emotional

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

My mother

9. How has abortion affected you?

For 12 years I had depression, nightmares, difficult bonding with my subsequent children, use of prescription drugs to numb the pain, a mild nervous break down, anger issues, low self esteem, self-hate.

10. How has your abortion affected others in your life?

Because of my anger issues I often lashed out at my husband and children. My husband has had to help me through my depression and my feeling of wanting to die.

11. Based upon your experience, what would you tell a woman considering abortion?

That life never goes back to normal. That you are simply trading one set of challenges for another. That everytime you look at a family portrait one person will be missing. You will one day realize that you have killed your baby and that realization will be a hard one to face.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

All life is created equal, born and unborn. That women will suffer much more damage from abortion, physically, emotionally and spiritually than from being carrying and delivering a child.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 12/21/2010

Please use my Full Name

Signature

My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

legal?

Women make the choice to act on their lust and have sex or not. After that choice is made, if a life is created, then that baby should have the chance to live. The mother can choose to give her child to someone else to love, but she should not be able to destroy life, because she had already made a bad choice in having sex.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 6/9/2009

Please use my Full Name

Signature

A handwritten signature in cursive script, appearing to read "Brenda", is written over a horizontal line.

My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Benton

My name is Barbara I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

//

2. How many weeks pregnant were you?

6

3. What type of abortion was performed?

none

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I was pregnant out of wedlock and abortion was offered to me as a choice. I chose to marry my husband of 28 years and we have a total of 4 children. I now hold in my arms my 1st Grandson from my oldest daughter, whom I could have ended her life, if I had chose to do so. What an impact on society and my life that would have been. Should we really have the right to destroy life or should our choice stop at if we should have sex that creates life? Thank God, I kept her!

5. Were you adequately informed of the consequences of abortion?

Yes No

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

My family

9. How has abortion affected you?

Choosing Not to have an abortion has given me a Grandson and a wonderful daughter that I would never have had!

10. How has your abortion affected others in your life?

My daughter has an Accounting Degree, is a trusting, loyal friend, a wife, a mother and an active part in the Church and the community. She touches many lives every day.

11. Based upon your experience, what would you tell a woman considering abortion?

My choice was to have sex. My daughter and Grandson were results of that choice. To destroy that baby within me would have destroyed some of the best of my life!

12. Based on your own experience, what would you tell a court that believes abortion should be

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Greene

My name is Kellie . I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Memphis TN

08//1983

2. How many weeks pregnant were you?

3

3. What type of abortion was performed?

not sure what it was called. They used a machine.

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

5. Were you adequately informed of the consequences of abortion?

Yes No

I was told I would no longer be pregnant. That's about it.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

Mother

9. How has abortion affected you?

Many ways. I was not given a choice by my mother & was told to keep it a secret. At the time it made me feel dirty. As I got older and learned more about abortions I was then mentally & emotionally distraught at what I had done. Even though my mother did not give me any other option it was I who had the abortion and I was ashamed and felt like a murderer. I carried all this around with me for many, many years.

10. How has your abortion affected others in your life?

It didn't seem to affect anyone else in my life because at the time my mother was the only one who knew. Didn't phase her at all. Later in years when I began to talk about it as an adult it didn't seem to affect anyone then either.

11. Based upon your experience, what would you tell a woman considering abortion?

DO NOT DO IT. It is a life forming inside you. A life that was not asked to be put there. It is your responsibility to carry that child whether you intend to raise the baby or adopt it out. Abortion is wrong. You do not realize the aftermath of an abortion. Not only will you kill a child but you yourself will be

emotionally and mentally damaged from it.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

If you have never had an abortion or know of someone that has then how could you possibly know the affects it has. You know that it's taking a life away but it goes much further than that. It is emotionally & mentally damaging. At the time a person has one I don't think they always realize that..maybe because they are young or just haven't given it that much deep thought. Every child needs a chance in this world whether the person who is carrying the child wants to give that baby a chance or not.

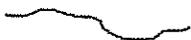
PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 1/11/2012

Please use my Full Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Garland

My name is L G I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Little Rock AR

01/01/1979

2. How many weeks pregnant were you?

11

3. What type of abortion was performed?

?

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I wasn't told anything. I was just lead around and told what to do.

5. Were you adequately informed of the consequences of abortion?

Yes No

No one in the clinic seem to care about that.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

My friends

9. How has abortion affected you?

There isn't a day that goes by that I don't think about it and ask God to forgive me. I feel so guilty.

10. How has your abortion affected others in your life?

No.

11. Based upon your experience, what would you tell a woman considering abortion?

I would tell her not to do it. I would tell her that she will find a way to take care of and love her baby with God's help or to consider giving up the baby to a loving couple that would love to love it. I would tell her that she will never forgive herself if she goes through with an abortion.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

I would tell the court to consider the mental well being of women, that having an abortion preys on your conscience forever, not just a few days. I would tell the court to consider the millions of couples

patiently waiting for a child to adopt to love as their own.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 1/12/2012

Please use my Initials Only

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Crawford

My name is Kristi . I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Little Rock AR

08/06/1990

2. How many weeks pregnant were you?

7

3. What type of abortion was performed?

Vacuum aspiration

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

The only thing I understood is I would no longer be pregnant after the procedure.

5. Were you adequately informed of the consequences of abortion?

Yes No

No one told me that there could and/or would be consequences physically, emotionally, mentally or spiritually.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

boyfriend, parents and myself

9. How has abortion affected you?

After my abortion I shut down. I acted in ways that were damaging to my health by drinking, pursesly dating guys who were mentally and emotionally abusive because I thought that is what I deserved. For years I fought anger and depression issues not realizing that it was connected to my abortion. Most of all I know that I am a mother to my aborted child and now know that I should have chosen life for her.

10. How has your abortion affected others in your life?

My mom still has a difficult time forgiving herself for her part in my abortion. My husband who is not the father to my child had to pay some consequences to a choice he had nothing to do with because of how it affected me.

11. Based upon your experience, what would you tell a woman considering abortion?

I would give her intense details of what will actually be taking place and furthermore details of how her life WILL change should she choose abortion.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

Abortion HURTS women terribly for years and years after the abortion. But it also hurts men as well. The emotional effects can harm a womans ability to mother her living children. It can tear marriages apart. It can and does cause women to inflict pain on themselves as well as suicide.

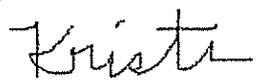
PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 11/3/2010

Please use my Full Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Pike

My name is Crystal . I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Little Rock AR

09/06/1984

2. How many weeks pregnant were you?

7

3. What type of abortion was performed?

suction, I guess.....I dont know the clinical name for it

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I didn't know that it would be so violent to the baby, I thought it would be a painless procedure, not that the baby would be suctioned out and torn to bits in the process.....I thought it would be like putting someone to sleep or something, I really DIDN'T think about it after I made the decision. I was seventeen.

5. Were you adequately informed of the consequences of abortion?

Yes No

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

my boyfriend who was also my fiance

9. How has abortion affected you?

I was a christian in my heart who'd had a rough upbringing and didn't feel wanted at home, having the baby at home was not an option because my mom was determined to get me out of the house, I knew she didn't want a screaming baby there on top of me there.....the boyfriend told me if I didn't have the abortion he'd hit me in the stomach and make me miscary and if that didn't work he'd abuse the child once it was here.....so I gave the baby back to God where it would be wanted and safe.....how it affected me? I hated myself, I am a murderer and I used to think I was a good person.....it was an innocent baby that had never harmed a person in it's life because it didn't have a life. I stayed high for years mentally running from it, I didn't think I deserved children after and I hated listening to people talk about

their kids....I was seventeen when I had that abortion.....I never would have kids with that man after that....and he wouldn't let me go until I finally put a state line between us nine years later.....look me years to finally deal with what I had done.....YEARS!

10. How has your abortion affected others in your life?

In MY life? How can one know? My father was heartbroken, I think my mother was relieved.....the boyfriend? He was happy he'd never have to worry about child support and his mother decided it must not have been meant to be.....the real question is, how did it affect the lives that baby might have touched? that's the real question. and no one will ever know will they?

11. Based upon your experience, what would you tell a woman considering abortion?

I have already talked one out of it. She had a baby already and I asked her if she could look into the eyes of her baby and rip it apart from limb to limb and kill it knowing how innocent it was and how much it loved her? because that's what the process I encountered did, it was suction, it was violent....she changed her mind and had her baby.....if we did that to hardened criminals people would be up in arms....I told the girl she could give the baby up for adoption so some other people who couldn't have kids could take care of it.....I told her how she would always think of the baby if she killed it.....I'm glad she changed her mind.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

I would tell them that the truth is, most of the time it isn't the young girl making the choice to have an abortion. Many times she is marched there by some boyfriend who didn't want to be responsible for a child or some parent who doesn't want to sully the family name.....I would tell them that this country guarantees the right to life. liberty, and the pursuit of happiness and the right to life begins at conception because stopping the life of the baby in the place that should be the safest place in the world for it is STILL stopping the life of the baby and that's a fact they cannot deny.....

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 6/17/2008

Please use my Full Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Washington

My name is Kar. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Bellevue WA

09/16/1980

2. How many weeks pregnant were you?

10

3. What type of abortion was performed?

suction aspiration

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

I was 16. It was surreal. I knew I was pregnant, even picked out a name, but after counselors talked me through the negative consequences for my future, I somehow justified the abortion, and did not think about the affects on my child. Choosing to not think about the actual act. I made myself believe the spirit of my child would still exist in order to go through with it.

5. Were you adequately informed of the consequences of abortion?

Yes No

I did not understand the emotional pain, guilt, and shame that I would carry with me for the rest of my life.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

My father, the counselor

9. How has abortion affected you?

My need for love & attention only intensified after the abortion. With my fairytale ideal of motherhood broken, I spent ten years in promiscuity and short term relationships. I had pledged to myself I would never do that again, regardless of my circumstances, and so ended up marrying when I became pregnant again at 24. When my son was born, I knew in that instant, what a miracle had just happened. There was no way a messed up, self-centered girl could have ever created something so perfect. Divorced after 3 years, with two children, I began to seek healing. I put my faith and trust in Jesus Christ at 28, and my life was changed forever. However, this still did not force me to address what I had done. It wasn't polite to discuss a past abortion, so it wasn't until I watched the story of a mother who murdered her two tiny children by drowning them in her car, that I realized I had been no different.

The shock and horror that the nation expressed toward this mother, should have been directed at me as well. I was screaming inside to tell the world I was a murderer. I am thankful I have found grace and mercy in Christ. I am forgiven, but I still have a long way to go to be truly healed of the experience. I do not condemn anyone for past decisions, but long for the truth of abortion to be proclaimed, and for healing to begin for all women and men who have been deceived about abortion, and what it really is.

10. How has your abortion affected others in your life?

My Parents, and sisters were greatly traumatized by my choices, and the consequences. My husband now is very supportive of me, and very willing to help me work through, and hopefully help others who have had, or who are contemplating abortion.

11. Based upon your experience, what would you tell a woman considering abortion?

No matter what the circumstances of their situation, I would ask them to please consider making the better sacrifice of NOT choosing to end the life you have growing inside. Look at the real truth of pregnancy. It is a baby, not a lifeless blob; undeserving of care, and love. There are people and places that can help you. Whether you decide to keep the child yourself, or place her in a loving home, the temporary sacrifices of time, money, physical change, or shame are far less than the pain and suffering you inflict on yourself, and your child for the rest of your life. The real choice to make, is choosing life over death.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

I believe that abortion at any stage is the intentional murder of another human being. I believe you cannot make the excuse of saving women's lives from back alley abortion hack jobs, to justify legalized murder. Not one person has a higher right to life than another. Women are being deceived. Education about pregnancy, and standing beside women of all ages and soceo-economic backgrounds who are pregnant, no matter what the circumstances, should be where we focus our resources.

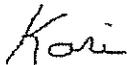
PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 6/3/2009

Please use my Full Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION HOW MY ABORTION AFFECTED ME

The State of AR

County of White

My name is Sandra 1. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Searcy AR

04//1979

2. How many weeks pregnant were you?

8

3. What type of abortion was performed?

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

They just took me into the hospital and it was done.

5. Were you adequately informed of the consequences of abortion?

Yes No

I don't think they understood all of it back then.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

My mother, and boyfriend

9. How has abortion affected you?

I am over weight sometimes not a very happy person to live with.

10. How has your abortion affected others in your life?

They don't all know and my husband knows and knows that is why I am not always happy. About 6 years ago my husband surrendered to Preach and I have a problem. I can't work and do the things I should do in church, because I don't feel worthy and forgiven even though I know I have been.

11. Based upon your experience, what would you tell a woman considering abortion?

DON'T PLEASE DON'T. It is something you will never get over I was 17 and now I am 50 and I still remember and can't forgive myself and have a problem working in the church.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

I don't know I could without breaking. It is a horrible thing to do the women and babies. It has lasting effects for years mentally and phycial.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 5/15/2012

Please use my Full Name

Signature

A handwritten signature in black ink, appearing to read "Sandra", written over a horizontal line.

My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of benton

My name is j h. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

fayetteville AR

01/08/1996

2. How many weeks pregnant were you?

7

3. What type of abortion was performed?

don't know

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

They simply took a wand ultra sound which they didn't show me and they didn't tell me anything else except the basic fact of the procedure- it would terminate the pregnancy.

5. Were you adequately informed of the consequences of abortion?

Yes No

Of course they told me it would end the pregnancy, however they didn't inform me of any risks involved from a health and emotional standpoint.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

My boyfriend at the time strongly recommended it

9. How has abortion affected you?

For the next 1 1/2 years after the abortion, it completely ruined me emotionally and spiritually. This one friend reached out to me and brought me to a church revival and it was at this time I gave it all over to God and then forgave myself and accepted the forgiveness Jesus gave.

10. How has your abortion affected others in your life?

no one in my family has ever known

11. Based upon your experience, what would you tell a woman considering abortion?

I would strongly recommend she seeks counsel- preferably Christian support to help better understand the damage of abortion.

12. Based on your own experience, what would you tell a court that believes abortion should be

legal?

Even if you aren't a Christian, abortion is just wrong. Life truly begins when conception takes place and there isn't any question on this fact. It damages the body, mind, spirit and so much more in a girl . . .there is no question that abortion should be illegal.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 7/30/2008

Please use my Initials Only

Signature

J H

My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of USA

My name is Shatin. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Little Rock AR

//

2. How many weeks pregnant were you?

3. What type of abortion was performed?

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

5. Were you adequately informed of the consequences of abortion?

Yes No

No one told me that I would have a tremendous sense of guilt and worthlessness afterwards. No one told me that it would affect the rest of my adult life.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

My mother

9. How has abortion affected you?

I have not been able to forget it, I have committed so many immoral acts just to gain a feeling of acceptance. I feel that I will never get past this feeling of failure and self loathing. I have become so numb inside, I don't feel like a real person anymore. I am just alive because I am breathing. I don't have any enjoyment in life. I have a 4 year old, and the majority of the time, I am just going through the motions. I don't have the emotions that a mother should have because all those emotions died when my aborted children died.

10. How has your abortion affected others in your life?

Inside, I am distrustful of everyone, and I know that is unhealthy; but I long for affection and acceptance and have lived a dangerous lifestyle trying to find it.

11. Based upon your experience, what would you tell a woman considering abortion?

Don't. I don't know if a person can fully understand the trauma abortion causes. It is a traumatic experience that I have to think about all the time and I sincerely believe it is the root of all my disfunctionality.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

It seems to be so easy to justify the legality or illegality of an issue because we live in an age of such moral decay. I think it is important for us as people to realize that abortion is murder. No matter how you look at it, the baby will die. How then can abortion be legal? It is just another word for murder. I feel responsible because I committed murder and have gone without punishment; I know God forgives me, but I have such a hard time forgiving myself. We will never live in a perfect world; but until we stop this killing of unborn children, our nation will always suffer. God only forgives when you come to him humbly and ask. Those who would keep abortion forever legal are not asking for forgiveness but instead openly promoting death, murder, and sin. What must God think? How can we expect to live in peace when our leaders flaunt sin in the face of a holy god. The ways of the liberal courts are not working. Step out on faith and do what is right. Don't allow abortion to be legal; overturn Roe v. Wade.

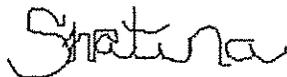
PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 6/17/2008

Please use my Full Name

Signature



My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Miller

My name is Susan I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Texarkana TX

03/15/1986

2. How many weeks pregnant were you?

5

3. What type of abortion was performed?

received a shot and contents scraped out on exam table

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

My dad took me to this OB/GYN clinic and I was not even aware I was pregnant or anything that was taking place.

5. Were you adequately informed of the consequences of abortion?

Yes No

See above.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

Dad

9. How has abortion affected you?

I feel very betrayed because my dad did this to me. I was not even aware I was for sure pregnant until 9 years later when as an adult I requested my medical records. I was given no information or choice about anything. I endured extreme physical pain in the waiting room as the "shot" took effect and then the contents were scraped out on an exam table. I can only imagine the pain women have that choose abortion if I have had this much pain when I had no choice.

10. How has your abortion affected others in your life?

I have struggled with trust and fear of abandonment issues that affected my intimate relationships.

11. Based upon your experience, what would you tell a woman considering abortion?

Not to do it. There are plenty of other alternatives.

12. Based on your own experience, what would you tell a court that believes abortion should be

legal?

They are making something legal that is detrimental to mankind, both the killed babies and the living people left to grieve this awful procedure.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 6/9/2009

Please use my First Name

Signature

Susan

My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

DECLARATION

HOW MY ABORTION AFFECTED ME

The State of AR

County of Benton

My name is L S I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

QUESTIONS

1. Where and when did your abortion occur?

Tulsa OK

07//1984

2. How many weeks pregnant were you?

7

3. What type of abortion was performed?

4. Were you adequately informed of the nature of abortion, what it is, what it does?

Yes No

5. Were you adequately informed of the consequences of abortion?

Yes No

No one told me how i would feel later.I did not want the abortion,my parents made me.I had no choice.

6. Were you informed of any link between abortion and breast cancer?

Yes No

7. Have you had breast cancer?

Yes No

8. Did anyone pressure you into having an abortion?

Yes No

My parents

9. How has abortion affected you?

Afterwards i didn't care about myself and would not eat.I lost about 60 to 70 pounds in three months.I even tried to kill myself.

10. How has your abortion affected others in your life?

Lucky i met someone and we feel in love,got married,and have two kids.But none of that would have been possible if my husband hadn't been a church going man. He helped me and lead me to the Lord.

11. Based upon your experience, what would you tell a woman considering abortion?

Don't do it.There are other options.

12. Based on your own experience, what would you tell a court that believes abortion should be legal?

It only makes women feel dirty and have no selfworth.

PERSONAL INFORMATION

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this date: 8/4/2008

Please use my Initials Only

Signature

Handwritten initials 'RP' and 'J' in black ink.

My signature evidences my authorization to use this declaration for all purposes.

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

If someone you know has had an abortion, encourage them to complete this form.

DECLARATION HOW MY ABORTION AFFECTED ME

The State of Arkansas
County of Cross

"My name is Lisa. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

- 1) When and where did your abortion occur, including city and state? Lincoln NE '84 / Omaha NE '88
- 2) How many weeks pregnant were you? 7 WKS. What type of abortion was performed? Suction
- 3) Were you adequately informed of the nature of abortion, what it is, what it does? (Check One) Yes No If no, explain: _____
- 4) Were you adequately informed of the consequences of abortion? No
- 5) Were you informed of any link between abortion and breast cancer? Yes No Have you had breast cancer? Yes No
- 6) Did anyone pressure you into having an abortion? Yes No If yes, who? Parent
- 7) How has abortion affected you?
Feelings of guilt, shame, depression, unworthiness, regret & remorse.
- 8) How has your abortion affected others in your life? It has created a wedge between my husband and I that only God can heal.
- 9) Based upon your experience, what would you tell a woman considering abortion? To be educated about her decision. To get all the facts about the actual procedure and what it will do to her life afterwards.
- 10) Based on your own experience, what would you tell a court that believes abortion should be legal? Be educated about what you consider legal. How does this effect people. Is this in the best interest of women? Of men? Of families?

You may attach additional pages of testimony, if needed.

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this 27 day of September, 2009.

Please use my: Full name First name only Initials only Signature: Lisa
 You may contact me Do not contact me My signature evidences my authorization to use this declaration for all purposes

THE FOLLOWING PERSONAL INFORMATION IS KEPT CONFIDENTIAL BY THE JUSTICE FOUNDATION
(Please print clearly)

AFFIDAVIT

(Questions For WOMEN Who Have Undergone Abortion)

The State of AR

County of White

BEFORE ME, the undersigned authority, on this day personally appeared I Q (Print Name), who, being by me duly sworn, upon oath, stated the following facts:

"I am over the nge of eighteen years, and I am of sound mind and competent to make this affidavit. I have personal knowledge of the facts stated in this affidavit, and I do solemnly swear, or affirm, that the following facts are true:

- 1) Tell when and where your abortion occurred: Little Rock 1994
- 2) Were you adequately informed of the nature of abortion, what it is, what it does? If not, explain: NO, especially not the emotional consequences.
- 3) Were you adequately informed of the consequences of abortion? NO
- 4) Were you informed of any link between abortion and breast cancer? Have you had breast cancer? NO
- 5) Did anyone pressure you into having an abortion? If so, who? yes, husband
- 6) How has your abortion affected you? long term guilt, sadness
- 7) How has your abortion affected others in your life? not my true self
- 8) Based on your own experiences, what would you tell a woman thinking of having an abortion? That she is likely to regret that choice, it goes against her gods will, can be physically & emotionally damaging.
- 9) Based on your own experience, what would you tell a court that believes abortion should be legal? it is damaging to lives

"I have read the above and foregoing statement and the same is true and correct."



I Q
 My signature evidences my authorization to use this affidavit for all purposes.

SUBSCRIBED AND SWORN TO before me, the undersigned authority, this the 24 day of Feb., 2007.
D. Vikki Parker
 NOTARY PUBLIC

If someone you know has had an abortion, encourage them to complete this form.

DECLARATION HOW MY ABORTION AFFECTED ME

The State of ARKANSAS
County of PULASKI

"My name is D S. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

- 1) When and where did your abortion occur, including city and state? Little Rock, ARKANSAS
- 2) How many weeks pregnant were you? 7-8 wks What type of abortion was performed? Suction/Aspiration
- 3) Were you adequately informed of the nature of abortion, what it is, what it does? (Check One) Yes No If no, explain: I did not realize that the fetus was as developed at this stage as it is, however I knew what I was doing was gravely wrong, but too fearful and not aware of alternatives/resources that could have helped me.
- 4) Were you adequately informed of the consequences of abortion? NO
- 5) Were you informed of any link between abortion and breast cancer? Yes No Have you had breast cancer? Yes No Did not know where to turn; to the only person besides my husband of the problem and listened
- 6) Did anyone pressure you into having an abortion? Yes No If yes, who? the father
- 7) How has abortion affected you? Severely depressed. Did not allow myself to let the abortion come to the surface for 12 yrs. ~~When~~ Finally I had to deal with it or else self destruct. It took me another 12 years to work through being forgiven by God - finally to forgive myself. I still mourn the loss of my child which I will until I go to my grave.
- 8) How has your abortion affected others in your life? my husband + my children have had to deal w/ a depressed mother w/ + my ability to love fully has been affected due to grief and focus on self
- 9) Based upon your experience, what would you tell a woman considering abortion? NOT TO CONSIDER IT. Make an adoption plan for your baby ~~and~~ be accepting of your role as a mother.
- 10) Based on your own experience, what would you tell a court that believes abortion should be legal? I would not have sought an illegal abortion if it had not been legal. Other than myself, I blame ~~exactly~~ my country for allowing killing to occur of the innocent unborn. Shame on US!!

You may attach additional pages of testimony, if needed.

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this 4 day of March, 2008.

Please use my: Full name First name only Initials only
Signature: [Signature]
 You may contact me Do not contact me my children do NOT know of my abortion My signature evidences my authorization to use this declaration for all purposes

THE FOLLOWING PERSONAL INFORMATION IS KEPT CONFIDENTIAL BY THE JUSTICE FOUNDATION

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

This form may be duplicated before completing. Forms can be downloaded from: www.operationoutcry.org
Return To: The Justice Foundation - 8422 Datapoint Drive - Suite 812 - San Antonio, TX 78229
Questions? Please call toll-free 1-866-4-OUTCRY (468-8279) Need Help? 1-866-482-LIFE (5433)

If someone you know has had an abortion, encourage them to complete this form.

DECLARATION HOW MY ABORTION AFFECTED ME

The State of Arkansas
County of Lonoke

"My name is Melissa. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

- 1) When and where did your abortion occur, including city and state? Houston, TX
- 2) How many weeks pregnant were you? 8 WKS What type of abortion was performed? I am not sure.
- 3) Were you adequately informed of the nature of abortion, what it is, what it does? (Check One) Yes No If no, explain: They never referred to the baby as a "baby". It was cells and tissue. I believe once they even called it a mass.
- 4) Were you adequately informed of the consequences of abortion? No. The nurse even talked about her two abortions and how its no big deal. You do it and go on life as usual.
- 5) Were you informed of any link between abortion and breast cancer? Yes No Have you had breast cancer? Yes No
- 6) Did anyone pressure you into having an abortion? Yes No If yes, who? boyfriend.
- 7) How has abortion affected you? I went into a deep depression for probably 5-6 years. I convinced myself I couldn't be a good mother to the children I already have because I chose to destroy my child. I wanted the Dr. to stop but I was so sedated all I could do was cry.

8) How has your abortion affected others in your life? My children. I did think I was a good mother so I would keep my distance.

9) Based upon your experience, what would you tell a woman considering abortion? If you don't want the baby adoption. There is not a day that goes by I don't think of the innocent baby I destroyed.

10) Based on your own experience, what would you tell a court that believes abortion should be legal? They're foolish. Its not only murder it causes so much pain & grief. Depression. I almost lost my child after the abortion because of damage to my uterus. I eventually had to have a hysterectomy. Sex was painful (physically). You feel like less of a woman. Its been 6 yrs and the pain still lays heavy on my heart.
You may attach additional pages of testimony, if needed.

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Executed this 20 day of June, 2008.

Please use my: Full name First name only Initials only

Signature: Melissa

You may contact me Do not contact me

My signature evidences my authorization to use this declaration for all purposes

THE FOLLOWING PERSONAL INFORMATION IS KEPT CONFIDENTIAL BY THE JUSTICE FOUNDATION
(Please print clearly)

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to ban or restrict abortion.

This form may be duplicated before completing. Forms can be downloaded from www.operationourary.org
Return To: The Justice Foundation, 8122 Datapoint Drive, Suite 812, San Antonio, TX 78229
Questions? Please call toll-free 1-866-4-OURARY (468-8279) Need Help? 1-866-482-LIFE (5433)