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Guttmacher Advisory:

Abortion and Mental Health **(Updated January 2011)**

The Big Picture:

For two decades, the highest-quality scientific evidence available has led to the conclusion that abortion does not cause mental health problems for most women.

- This was the bottom-line conclusion of two major, comprehensive reviews conducted by the American Psychological Association (APA).
 - An [August 2008 report by the APA Task Force on Mental Health and Abortion](#), the most current and authoritative review of its kind, concludes that “the best scientific evidence indicates that the relative risk of mental health problems among adult women who have an unplanned pregnancy is no greater if they have an elective first-trimester abortion than if they deliver the pregnancy.”¹
 - As long ago as 1989, the APA came to a very similar conclusion when it found that legal abortion “does not pose a psychological hazard for most women.”²
 - The “postabortion traumatic stress syndrome” that abortion foes claim is widespread is not recognized by either the APA or the American Psychiatric Association.³
- Another [comprehensive review of the scientific literature](#), conducted in 2008 by researchers at Johns Hopkins University, likewise found that “the highest-quality research available does not support the hypothesis that abortion leads to long-term mental health problems. Lingering post-abortion feelings of sadness, guilt, regret, and depression appear to occur in only a minority of women.”^{4(p. 449)}
 - The Johns Hopkins review found a “clear trend” by which “the highest quality studies had findings that were mostly neutral, suggesting few, if any, differences between women who had abortions and their respective comparison groups in terms of mental health sequelae. Conversely, studies with the most flawed methodology found negative mental health sequelae of abortion.”^{4(p. 436)}
- Evidence also suggests that *teenagers* who have abortions are no more likely to become depressed or have low self-esteem than their peers whose pregnancies do not end in abortion. A study by researchers from Oregon State University (published in September 2010) was the first to look at depression and low self-esteem as potential outcomes of abortion among a nationally representative group of teenagers, and the results are

consistent with the findings of the earlier APA report for adult women—induced abortion does not cause mental health problems in adolescent women.⁵

- The lack of evidence of a connection between abortion and subsequent mental health problems contrasts sharply with the clear evidence of increased risk of postpartum depression after women give birth.

Women Experience a Range of Emotions Following an Abortion

There is no doubt that having an abortion can be a stressful event for a woman—as are other significant life events both “positive” and “negative,” such as marriage or divorce, the birth or death of a child, taking a new job or losing one.

- Women report feeling a range of emotions after having an abortion. While relief is the most commonly reported emotion, some women also experience feelings of sadness or guilt.
- A woman’s mental health before she faces an unwanted pregnancy is the best indicator of her likely mental health after an abortion. As the APA report says, “Across studies, prior mental health emerged as the strongest predictor of postabortion mental health.”^{1(p. 4)}
- In general, negative feelings are no worse after an abortion than after carrying an unwanted pregnancy to term and, according to the APA report, there is “no evidence sufficient to support the claim that an observed association between abortion history and mental health was caused by the abortion per se, as opposed to other factors.”^{1(p. 4)}
- There is evidence that stigma around abortion, rather than the abortion itself, can have negative mental health consequences. A woman may have negative emotions after an abortion because she thinks her partner, family or community will condemn or exclude her for deciding to have an abortion. According to the APA, the “most methodologically strong studies...showed that interpersonal concerns, including feelings of stigma, perceived need for secrecy, exposure to antiabortion picketing, and low perceived or anticipated social support for the abortion decision, negatively affected women’s postabortion psychological experiences.”^{1(p. 92)}

Assessing the Evidence on Abortion and Mental Health

Not all studies on the mental health impact of abortion are created equal; in fact, according to the APA, methodological flaws are “pervasive in the literature on abortion and mental health.”^{1(p. 92)} Antiabortion activists often attempt to capitalize on the fact that the public and many policymakers cannot distinguish between studies that allow legitimate conclusions to be drawn about the *effects* of abortion and those that show only *associations* between abortion and mental health outcomes.

- **Studies with very strong methodologies:** Two studies from Denmark and the United Kingdom succeed in addressing critical limitations that have afflicted many studies that purport to show causation between abortion and subsequent mental health problems.
 - An authoritative study from researchers in Denmark, published in the *New England Journal of Medicine* in January 2011 and noteworthy for its very strong methodology, found no increase in the rate of mental health problems among Danish women in the 12 months following an abortion compared with the nine months prior to the procedure.⁶ The Danish study is unusually rigorous because:
 - The study sample was very large, consisting of 84,620 women who had first-time, first-trimester abortions between 1995 and 2007.
 - It did not rely on retrospective self-reports from women, who typically underreport abortions. Instead, it was based on complete patient medical registries—the Danish Psychiatric Central Register and the Danish National Register of Patients—which include virtually all mental health disorders, births and abortions experienced by the Danish population.
 - It has strong controls for women’s mental health prior to obtaining an abortion, a critical factor that many other studies do not control for sufficiently, if at all.
 - The research design of the second study is also close to ideal. The study was conducted in the United Kingdom by the Royal College of General Practitioners and the Royal College of Obstetricians and Gynecologists and published in the *British Journal of Psychiatry* in 1995.⁷ According to the APA, this study of 13,000 women in England and Wales “stood out from the rest in terms of its methodological rigor” and “provides high-quality evidence that among women faced with an unplanned pregnancy, the relative risks of psychiatric disorder among women who terminate the pregnancy are no greater than the risks among women who pursue alternative courses of action.”^{1(p. 89)} Among the study’s methodological strengths were that it
 - was based on a large, representative sample;
 - used established diagnostic categories to measure postpregnancy and postabortion mental health;
 - controlled for mental health and other factors that may have existed prior to the pregnancy; and
 - had appropriate comparison groups.
- **Studies with some methodological shortcomings:** Two studies from New Zealand suggesting that abortion may be associated with or possibly cause later mental health problems employed a more rigorous methodology than many prior studies addressing the issue, but they still have significant shortcomings.
 - The principal methodological strength of both studies, which were conducted by David Fergusson and colleagues,^{8,9} is that they followed the same groups of women over an extended period of time.
 - Nonetheless, the APA review of the 2006 Fergusson study cautions that “several design features limit conclusions that can be drawn from this study,” among them

- failing to control for the wantedness or intentionality of pregnancy, not separating women who had multiple abortions from those who had only one, and not accounting for the underreporting of abortion.^{1(p. 54)}
- The 2008 Fergusson study likewise did not separate women who had multiple abortions from those who had only one, and it did not account for underreporting of abortion. This study also did not determine that women who had abortions were more likely than women who had unintended births (or other pregnancy outcomes) to have subsequent mental health problems; instead, the authors compared women who experienced each pregnancy outcome (abortion, pregnancy loss, unintended birth, intended birth) with women who had not experienced that particular pregnancy outcome (e.g., women who had an abortion were compared with *all* women who had not had an abortion, when the appropriate comparison group would have been all other women whose unintended pregnancy did not end in abortion).
 - **Flawed studies:** According to the APA, a “critical evaluation of the published literature revealed that the majority of studies suffered from methodological problems, often severe in nature.”^{1(p. 3)}
 - The major methodological flaws identified by the APA included failing to provide adequate comparison groups, not controlling for preexisting conditions that could account for later mental health problems, using samples that were too small or too restricted to allow for generalizations to the larger population, failing to adjust for underreporting of abortion and using faulty measurement of mental health outcomes.^{1(p. 15)}
 - Prominent among these poorly conducted studies are those by David Reardon, director of the antichoice Elliot Institute, and Priscilla Coleman, associate professor of family studies at Bowling Green State University. The serious methodological flaws in their body of work make it impossible to infer a causal relationship between abortion and subsequent mental health problems.
 - In a December 2010 study, Julia Steinberg of the University of California, San Francisco (UCSF), and Lawrence Finer of the Guttmacher Institute show that the findings of a 2009 study by Priscilla Coleman et al—which claimed that women who had reported an abortion were at an increased risk of several anxiety, mood and substance use disorders, compared with women who had never had an abortion—are not replicable. The Coleman findings were also inconsistent with several other published studies using the same data set and sample.¹⁰

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- ¹ Major B et al, *Report of the APA Task Force on Mental Health and Abortion*, Washington, DC: American Psychological Association, 2008, p. 90, <<http://www.apa.org/pi/women/programs/abortion/mental-health.pdf>>, accessed Oct. 4, 2010.
- ² Adler NE et al., Psychological responses after abortion, *Science*, 1990, 248(4951):41–44.
- ³ Boonstra HD et al., *Abortion in Women's Lives*, New York: Guttmacher Institute, 2006.
- ⁴ Charles VE et al., Abortion and long-term mental health outcomes: a systematic review of the evidence, *Contraception*, 2008, 78(6):436–450.
- ⁵ Warren JT et al, Do depression and low self-esteem follow abortion among adolescents? Evidence from a national study, *Perspectives on Sexual and Reproductive Health*, 2010, 42(4):230–235.
- ⁶ Munk-Olsen T et al., Induced first-trimester abortion and risk of mental disorder, *New England Journal of Medicine*, 2011, 364(4):332–339.
- ⁷ Gilchrist AC et al., Termination of pregnancy and psychiatric morbidity, *British Journal of Psychiatry*, 1995, 167:243–248.
- ⁸ Fergusson DM, Horwood LJ and Ridder EM, Abortion in young women and subsequent mental health, *Journal of Child Psychology and Psychiatry*, 2006, 47(1):16–24.
- ⁹ Fergusson DM, Horwood LJ and Boden JM, Abortion and mental health disorders: evidence from a 30-year longitudinal study, *British Journal of Psychiatry*, 2008, 193(6):444–451.
- ¹⁰ Steinberg JR and Finer LB, Examining the association of abortion history and current mental health: a reanalysis of the National Comorbidity Survey using a common-risk-factors model, *Social Science and Medicine*, 72(1):72–82.