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New Zealand Study on Mental Health Problems May Force Doctors to Refuse Abortions

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A study in New Zealand that tracked approximately 500 women from birth to 25 years of age has confirmed that young women who have abortions subsequently experience elevated rates of suicidal behaviors, depression, substance abuse, anxiety, and other mental problems.

According to lead author David M. Fergusson, the researchers had anticipated that their findings would confirm the view that any problems found after abortion would be traceable to mental health problems that existed before the abortion.

At first, this appeared to be true. The data showed that women who became pregnant before age 25 were more likely to have experienced family dysfunction and adjustment problems, were more likely to have left home at a young age, and were more likely to have entered a cohabitating relationship.

But when the researchers took these and many other factors into account, the findings showed that women who had abortions were still significantly more likely to experience mental health problems. The data persistently pointed toward the politically unwelcome conclusion that abortion may itself be the cause of subsequent mental health problems.

Politically Incorrect Results

Fergusson presented his results to New Zealand's Abortion Supervisory Committee, which is charged with ensuring that abortions in that country are conducted in accordance with all the legal requirements. According to *The New Zealand Herald*, the committee told Fergusson that it would be "undesirable to publish the results in their 'unclarified' state."

Despite his own-pro-choice political beliefs, Fergusson responded to the committee with a letter stating that it would be “scientifically irresponsible” to suppress the findings simply because they touched on an explosive political issue.

In an interview about the findings with an Australian radio host, Fergusson stated: “I remain pro-choice. I am not religious. I am an atheist and a rationalist. The findings did surprise me, but the results appear to be very robust because they persist across a series of disorders and a series of ages.”

“Abortion is a traumatic life event; that is, it involves loss, it involves grief, it involves difficulties,” he added. “And the trauma may, in fact, predispose people to having mental illness.”

Journals Reject Politically Incorrect Results

The research team that conducted this study is used to having its papers accepted by the top medical journals on first submission. After all, their collection of data from birth to adulthood for 1,265 children born in Christchurch, New Zealand, is one of the most long-running and valuable longitudinal studies (a study that tracks participants over a period of time) in the world.

But this study was the first from the experienced research team that touched on the contentious issue of abortion. Fergusson said the team “went to four journals, which is very unusual for us – we normally get accepted the first time.” Finally, the fourth journal accepted the study for publication.

Although he still holds a pro-choice view, Fergusson believes women and doctors should not blindly accept the unsupported claim that abortion is generally harmless or beneficial to women. He and his team criticized the American Psychological Association (APA) for claiming in 2005 that “well-designed studies” on abortion have found that “the risk of psychological harm is low.”

The researchers noted that the APA’s position paper ignored studies showing evidence of abortion’s harm and looked only at a selective sample of studies that have serious methodological flaws. Fergusson told reporters that “it verges on scandalous that a surgical procedure that is performed on over one in 10 women has been so poorly researched and evaluated, give the debates about the psychological consequences of abortion.”

While the lack of adequate research is lamentable, it is perhaps even more scandalous that many professional organizations, such as the APA, have pretended that their selective references to the literature were a sufficient basis

on which to make overly broad reassurances that abortion is generally safe and beneficial.

Following Fergusson's complaints about the selective and misleading nature of the 2005 APA statement, the APA removed the page from their Internet site. The statement can still be found through a web archive service, however(see the citations at the end of this article for the web address).

The Influence on Medicine, Law, and Politics

The reaction to the publication of the Christchurch study is heating up the political debate in the United States. The study was introduced into the official record at the senate confirmation hearings for Supreme Court Justice Samuel Alito. Also, a U.S. Congressional subcommittee chaired by Rep. Mark Souder (R-IN) has asked the National Institutes of Health (NIH) to report on what efforts they are undertaking to confirm or refute Fergusson's findings.

The impact of the study in other countries may be even more profound. According to *The New Zealand Herald*, the Christchurch study may force doctors in New Zealand to certify far fewer abortions. Approximately 98 percent of abortions in New Zealand are done under a provision in the law that only allows abortion when "the continuance of the pregnancy would result in serious danger (not being danger normally attendant upon childbirth) to the life, or to the physical or mental health, or the woman or girl."

Doctors performing abortions in Great Britain face a similar legal problem. Indeed, the requirement to justify an abortion is even higher in British law. Doctors there are only supposed to perform abortions when the risks of physical or psychological injury from allowing the pregnancy to continue are "greater than if the pregnancy was terminated."

Fergusson's study reinforces a growing body of literature that shows that doctors in New Zealand, Britain, and elsewhere face legal and ethical obligations to discourage or refuse contraindicated abortions.

These findings underscore that fact that evidence-based medicine does not support the conjecture that abortion will protect women for "serious danger" to their mental health. Instead, the best evidence indicates that abortion is more likely to increase the risk of mental health problems. Physicians who ignore this study may no longer be able to argue that they are acting in good faith and may therefore be in violation of the law.

Record-based studies conducted by the Elliot Institute and by researchers in Finland have conclusively proven that the risk of women dying in the year

following an abortion is significantly higher than the risk of death if the pregnancy is carried to term.

Since the hypothesis that the physical risks of childbirth surpass the risks associated with abortion is no longer tenable, most abortion providers have had to look to mental health advantages to justify abortion over childbirth. Unfortunately for them, however, this alternative explanation for recommending abortion no longer passes scientific muster either.

The New Zealand study, with its unsurpassed controls for possible alternative explanations, confirms that findings of several recent studies from the Elliot Institute and other researchers linking abortion to higher rates of psychiatric hospitalization, depression, generalized anxiety disorder, substance abuse, suicidal tendencies, poor relationships with later children, and sleep disorders. This research should inevitably lead to a change in the standard of care offered to women facing problem pregnancies.

Sources

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