

Comprehensive Evidence Review Concludes Abortion Does Not Harm Women’s Mental Health

There is no credible evidence that abortion, in and of itself, causes subsequent mental health problems for most women, according to a major report released August 12, 2008, by a task force of the American Psychological Association (APA). The 91-page report of the APA Task Force on Mental Health and Abortion concludes that “prior mental health [is] the strongest predictor of postabortion mental health.”

The task force reached its conclusions after comprehensively examining the scientific research on the psychological sequelae of abortion conducted over the last two decades. Its conclusions are consistent with the report of an APA expert panel convened in 1989, which also determined that legal abortion “does not pose a psychological hazard for most women.”

The task force reviewed 73 studies published in peer-reviewed journals since 1989 and, on the basis of those it considered to be the most methodologically rigorous, concludes that “among adult women who have an unplanned pregnancy, the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy.” The task force draws no conclusions with respect to the mental health of teenagers following abortion, observing that the few studies on that subject suffered from methodological flaws such as small sample sizes, high attrition rates or exclusion of certain groups of teens in a way that could bias the results. It suggests that positive associations between multiple

abortions and poorer mental health “may be linked to co-occurring risks that predispose a woman to both multiple unwanted pregnancies and mental health problems.” And it says that late termination of a wanted pregnancy due to fetal abnormality “appears to be associated with negative psychological reactions equivalent to those experienced by women who miscarry a wanted pregnancy or who experience a stillbirth or death of a newborn, but less than those who deliver a child with life-threatening abnormalities.”

The task force acknowledges that some women experience sadness, grief and feelings of loss following termination of a pregnancy, and that some experience “clinically significant disorders” that require the intervention of a mental health professional. Women’s reactions to abortion, it suggests, are best understood in the framework of coping with other stressful life events. Moreover, abortion overwhelmingly occurs in the context of an unintended pregnancy—an event that is stressful in and of itself—and it is very difficult to tease apart the effects of these two events. Psychological problems that develop after an abortion, the task force notes, may not be caused by the procedure itself, but may reflect other factors associated with having an unwanted pregnancy, or those unrelated to either the pregnancy or abortion, such as a history of emotional problems or intimate partner violence.

Not surprisingly, women who are terminating wanted pregnancies, who lack support from family and friends

for the abortion or who believe they need to keep their abortion secret because of stigma associated with the procedure may feel a greater sense of loss, anxiety and distress. Even so, the task force finds “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.” Indeed, many women report being satisfied with their decision and feeling relief after abortion.

The task force notes just how challenging it is to study the possible long-term psychological sequelae of abortion and calls for better-designed, rigorously conducted future research on the topic to “help disentangle confounding factors and establish relative risks of abortion compared to its alternatives.” Many of the studies published since 1989 have serious methodological shortcomings that make it impossible to infer a causal relationship. Many do not adequately control for factors that might explain both the unintended pregnancy and mental health problems, such as poverty, preexisting mental or physical health conditions, prior exposure to violence or a history of substance abuse. Failure to control for these confounding factors, the task force notes, may lead to reports of associations between abortion history and mental health problems that are misleading.

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