



## Understanding Abortion and Mental Health Self-Study

### Contributors

Nina Ross, MD

Richard Seeber, MD

Renee Sorrentino, MD

### Introduction

A woman who seeks out an abortion faces a choice: to have an abortion or to continue with the pregnancy. Simply choosing not to be pregnant anymore is not an option. Therefore, if we truly want to understand the risks of choosing to have an abortion, we have to evaluate the real decisions and alternatives our patients face. This requires a critical evaluation of the evidence surrounding abortion as well as an understanding of the risks of an unwanted pregnancy.

### Studying the Mental Health Effects of Abortion

- Although numerous studies have purported to study the mental health effects of abortion, many of these studies are problematically designed. This problem is so prevalent that the American Psychological Association issued a warning statement calling for caution when interpreting these studies (Majors).
- Many studies about the mental health effects of abortion are flawed:
  - Many of these studies fail to address confounding factors - for example, a study that purports to study if abortion affects mental health but does not assess pre-abortion mental health.
  - Some studies do not pick adequate control groups:
    - Studies that wish to evaluate the real risks of an abortion must compare women who obtain an abortion to women who carry an unwanted pregnancy to term, not to women who have never been pregnant.
    - Women who seek out abortions also have characteristics as a group that may be a confounding factor that may impact their health outcomes. For example, 75% of women who have abortions in the United States are poor or low income (Guttmacher). These psychosocial determinants of health may very well independently impact a woman's risk for mental illness. Therefore, it is crucial to compare women who seek out an abortion to women with similar psychosocial risk factors, which ideally would control for any contribution of these risk factors to observed mental health outcomes.
- The Turnaway Study is a landmark, prospective multicenter study that has addressed numerous of these design flaws of previous studies:
  - The Turnaway Study compares women who sought out and received an abortion to women who sought out but did not receive an abortion (women who were "turned away") and therefore continued with the pregnancy. Not only does this study design correct the issue of inadequate control group selection, but this study robustly considers confounding factors such as pre-abortion mental health.

### The Risks of an Unwanted Pregnancy

The Turnaway Study, with its methodological strengths, demonstrates many risks to women's mental health, physical health, and socioeconomic wellbeing after denial of desired abortion. Further, it rebuts commonly shared misinformation that undergoing a wanted abortion is associated with negative health outcomes. Here are some of the important findings of the Turnaway Study:

- Mental health outcomes of denied abortions:
  - Women who are denied abortion experience a higher burden of anxiety symptoms, lower self-esteem, and lower life satisfaction within the first week after abortion denial than women who received an abortion. After one year, these measures are similar among groups (Biggs et al., 2016).
  - Undergoing desired abortion does not increase the risk of suicidal ideation when compared to women who were denied abortion (Biggs et al., 2018).
  - Women who receive an abortion are not at increased risk for PTSD when compared to women who were denied abortion (Biggs et al., 2016).
  - Undergoing abortion does not increase a woman's risk of being diagnosed with new depressive or anxiety disorders when compared to women who were denied abortion and delivered (Biggs et al., 2015).
- Physical health outcomes of denied abortions:
  - Women who undergo abortions do not experience worse physical health or chronic pain compared to women who ultimately give birth. Women who gave birth described more headaches and arthralgias than those who underwent abortion (Ralph et al., 2019).
- Psychosocial outcomes of denied abortions:
  - Denying desired abortions has lasting economic consequences: Compared with women who underwent abortion, women denied an abortion were significantly more likely to live in poverty not only months but years following the denial, were less likely to obtain full-time work, and were more likely to receive financial benefits from the government (Foster et al., 2018).

In short, having an abortion does not lead to worse psychiatric, medical, or socioeconomic outcomes. Being forced to carry – and, in most cases, deliver – an unwanted pregnancy is associated with poorer mental, physical, and financial health outcomes.

## **A Review of Filicide Typology**

- Barriers to abortion access, including laws that mandate parental notification for a minor to obtain an abortion, may contribute to unwanted children. Research is ongoing about parenting and attachment when children are unwanted. Child homicide is not a common outcome, but a potential outcome of having unwanted children.
- The relationship between abortion access and filicide is not well studied. Jurisdictions in the US with limited abortion access have higher rates of neonaticide compared to those with access to abortion (Pitt & Bale, 1995). Nationally, however, studies that examined neonaticide rates and abortion access did not find a relationship (Lester, 1995).
- Filicide refers to the act of killing one's child. Neonaticide, death in the first 24 hours of life, and infanticide, death within the first year of life, are subcategories of filicide. (See also Infanticide Modules)
- Resnick was the first to propose a classification for filicide in his landmark 1969 article. These motives for filicide have been extensively studied since and are as follows:
  - Unwanted child filicide: when a parent kills the unwanted child.
  - Fatal Maltreatment filicide: when the child dies as a result of abuse or neglect.
  - Partner revenge filicide: when a parent kills the child to get revenge on their partner or their ex-partner.

- o Altruistic filicide: when a parent believes killing the child is in the child's best interest.
- o Acutely psychotic filicide: when a parent kills the child in response to psychosis.

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