

CONCERNING THE SANCTITY OF HUMAN LIFE

Affirmations and Denials (Topic No. 22)

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A. FOUNDATIONAL BIBLICAL PRINCIPLES

1. *The Bible is truth*

We affirm that the Bible—being God’s inspired, inerrant, written Word—is truth in its entirety, and as such, is the ultimate standard by which all other truth-claims are to be judged^a, and thus offers mankind the clearest, most complete picture of all reality and the only logically coherent worldview.

We deny that there is any source of truth higher than, or equal to, the Bible or that the Bible’s truth may be judged by any other standard.

^a Jn 17:17; Ps 1:1; 111:7; 119:89, 128, 151, 160; Mt 24:35; Nu 23:19; 2 Tim 3:16–17; 2 Pt 1:3; 1 Cor 3:19

2. *Science, medicine, and law are part of a worldview*

We affirm that no one is religiously, metaphysically, epistemologically, or ethically neutral—having no presuppositions, no view of truth, no view of right and wrong, and no worldview by which to see reality and filter all data. All humans live and work on the basis of either the Christian worldview or some non-Christian, anti-biblical worldview.

We further affirm that modern history declares that scientists, medical researchers, and medical practitioners (including psychiatrists and psychologists) who are not submitted to the absolutes of the Christian worldview have often become very dangerous weapons in the hands of a totalitarian state.

We deny that non-biblical worldviews can provide an adequate basis for the sanctity of human life.^a

^a See Appendix, “Non-biblical worldviews provide no basis for the sanctity of human life”

3. *God created humans in His own image*

We affirm that the infinite, personal, Triune God of the Bible created man in His image;^a thus human beings reflect and represent God to some degree and are qualitatively distinct from and superior to all the rest of creation.^b Since man is the image of God, each human life is of inestimable value from conception to death.¹

We deny all views that would undermine the absolute and eternal Creator-creature distinction or that claim man is divine or can ever become divine.

We further deny the rationality and morality of any attempt to distinguish persons from non-persons within the human race.

^a Gn 1:26f; 5:1, 3; 9:6; 1 Cor 11:7; Ja 3:9; cf. Ps 8:5

^b Gn 1:27–30; 2:19f; 9:1–3; Job 35:10; Ps 8:6–8; Ec 7:29; Mt 12:11f

4. The fall of man disrupted, but did not destroy, the image of God

We affirm that, after the fall of man, sin disrupted and marred God's image, but fallen man still bears the image of God, however distorted it may become.^a

We deny that, after the fall, man no longer retains any aspects of the image of God, including his original, God-ordained value that makes him superior to all animals, vegetables, minerals or galaxies.

^a Gn 5:1ff; 9:6; 1 Cor 11:7; Ja 3:9

5. Humans were created for God's glory, pleasure and purposes

We affirm that the triune God, Who reveals Himself in the Bible, created mankind for Himself, and thus all people, Christian and non-Christian alike, are obligated to exist primarily for God's own glory, pleasure, and purposes.^a

We deny that people have a right to exist for the purpose of serving their own pleasures, security or prestige, or that any human may rightly deny God's existence and not live in grateful obedience to God's biblical commands.^b

^a Col 1:16; Ro 11:36; Rv 4:11; 1 Cor 10:31

^b Ro 1:18–21ff

6. God's plan and providential control of life

We affirm that: God is the ultimate giver^a and owner^b of human life, and therefore He alone can determine and delegate the lawful means for bringing new human life into existence.

We further affirm that as the Creator, God has the right to take human life^c and determine and delegate what is the lawful means for ending a human life.^d

We further affirm that God opens and closes the womb and thus is active in the conception process^e, and that children are a gift from God.^f

We deny that the forming of new life, or that the control over human beings, belongs to man to do as he wishes, independent from God's written law-Word.

We further deny that the formation of a new human life should introduce seed or eggs beyond that of the husband or wife.^g

We further deny that any person or state has the right to take human life in violation of God's written law-Word.^h

^a Gn 2:7; 4:1; Dt 32:39; Job 33:4; 32:8; Ec 12:7; Is 42:5; 57:16; Zc 12:1; Heb 12:9

^b Ezk 18:4; Ps 24:1; Nu 16:22; Heb 12:9; Dn 5:23

^c Dt 32:39; 1 Sm 2:6; 2 Ki 5:7; Job 1:21; 14:5; Ps 68:20; Rv 1:18

^d 2 Ki 14:6; Ac 25:11

^e Gn 16:2; 20:18; 30:2, 17–24; Ex 23:25f; 29:31f; 30:22f; Ru 4:13; 1 Sm 1:5f, 10, 19f)

^f Gn 17:16; Ps 127:3–5; 128:3f

^g Mal 2:14f; 1 Tim 5:14

7. God's absolute sovereignty over the time-space universe and over all history

We affirm that God works all things according to His sovereign, all-wise, and all-comprehensive plan.^a

We further affirm that (though we may not understand why) God's plan includes physical and mental defects,^b debilitating diseases,^c calamities,^d the extent of each person's financial resources,^e and God's plan exercises control over the sinful acts of every person.^f

We further affirm that God has His own good purposes for human suffering, and gives people grace to endure it, and that suffering is never meaningless.

We deny that anything or anyone is outside the scope of God's sovereign plan and providential control.

We further deny: that there are any "accidents" from God's perspective; that God has no future knowledge of all things; and that there is any real thing called "chance" in this universe.

^a Eph 1:11

^b Ex 4:11; Is 45:9–11; Jn 9:1–3

^c Jn 11:4; Ex 15:26

^d Am 3:6; Job 1:21

^e Job 34:19; 1 Sm 2:7; Dt 8:18

^f Gn 50:20; 2 Sm 16:10; 24:1; Ps 76:10; Ac 3:13; 4:27f; Ro 11:32

^k Job; Ro 5:3f; 2 Cor 1:3–6; 12:7–10; Ja 1:2–4; Ro 8:28; 1 Cor 10:13

8. God is in control of all death

We affirm that God has ordained human mortality^a and that—though death² is an enemy^b—dying is not always to be resisted.^c

We further affirm that—though life is a gift from God—life is not to be worshipped and that God's will includes some self-sacrifice—sometimes even to death.^d

We further affirm that the biblical definition of death is God's separation of the human body from its spirit, and that the physical criterion for death is the coagulation of the blood so it can no longer circulate the "breath of life."

We deny the errors that: death is the end of human existence; death is an illusion; and death, in itself, is a good thing.

We further deny that the continuation of an individual human life is always the highest good or that it is always God's will.

We further deny that the recent technological definitions of death (other than that stated above) are either adequate or ethical.

^a Gn 2:16f; 3:19; Job 14:5; Ps 90:10; Ec 3:2; Ro 5:12; Heb 9:27

^b 1 Cor 15:26

^c Gn 49:33; Mt 27:50; Ac 21:13; 25:11; Ro 14:7f; Ph 1:21

^d Jn 10:11; 15:13; Ro 5:7f; 1 Cor 13:3; 2 Cor 4:7–18; chapters 11–12; Ph 1:20–26; Heb 11; 1 Jn 3:16; cf. Est 4:16; Dn 3:17f

9. Stewardship: A person's body and soul belong to God, not to the person

We affirm that people are God's creation,^a and they belong to Him in their entirety^b—bodies^c and-souls.^c

We further affirm that, since we are the Lord's, no one has a right to live or die to himself.^c

We deny that a person's body belongs to oneself, and that one has a right to do with it whatever one wishes.

^a Ps 100:3

^b Ps 24:1

^c 1 Cor 6:15–20; 7:4

^d Ezk 18:4

^e Ro 14:7f

10. Human knowledge is finite

We affirm that, because man's knowledge is finite,^a apart from the Bible, there is no logically coherent standard for ethics^b and no adequate standard for determining: human value; the purpose of human life; or the usefulness or the quality of someone's life.

We further affirm that finite human knowledge, coupled with the depravity of the human mind and will, is incompetent to control life and to develop a superior form of humanity.

We further affirm that—though the Bible speaks truth—the truth we humans know is finite and will always be so—even in heaven.

We deny that man, starting from himself, has the right, or the mental or moral competence, to develop his own ethical standards,^c to control life or to determine whether someone's life has no purpose.

We further deny that people can know with absolute certainty who is incurable, or that they can know all of God's purposes in allowing suffering.^d

^a Dt 29:29; 1 Cor 13:9, 12; Ro 11:33f; Ps 139:6; Is 55:8f

^b Ja 4:12; Ex 20

^c Jn 9:1–4; Job 38–41

^d Job 1–2; Ps 44

B. GOD SAFEGUARDS HUMAN LIFE WITH BIBLICAL LAWS

11. Normative ethics for all humans

We affirm that God reveals His absolute ethics to man through the Bible and that the Bible's ethics and principles are binding upon everyone, everywhere, for all time. We further affirm that normative ethics, the “ought”, cannot be derived from what “is”.

We deny that ethics is relative and that ethics may be personally, culturally, pragmatically or statistically determined.

We further deny that, because man is scientifically and technologically able to do something, it is necessarily morally right for him to do so.

12. Murder

We affirm that murder is the intentional killing of a human being in violation of God's law.

We deny that murder includes: accidental manslaughter;^a killing in self-defense;^b Biblically-authorized capital punishment; or killing combatants in a just war.^c

^a Ex 21:13f; Nu 35:11–15, 22–25; Dt 19:4–6, 10; Jos 20:1–9; with the exception of Ex 21:22f

^b Ex 22:1

^c 1 Ki 2:5f

13. God decrees that all convicted murderers must be executed

We affirm that, because all humans bear the image of God, God forbids murder and commands and exemplifies in the Bible that all murderers must be executed by legitimate civil governments^a as swiftly as reasonably possible.

We deny that the New Testament overturns capital punishment and that any state, legislature, or court may rightfully dispense with capital punishment for murder.^b

We further deny that the Church has ever been given authority by God to execute capital punishment.

^a Gn 9:5f; Ex 21:12–14; Nu 35:16–21, 30–33; Lv 24:17; Dt 19:11–13; 21:1–9

^b Mt 15:3 (citing Ex 21:17; Lv 20:9); Ro 1:32; 13:4; Ac 25:11, 25; 26:31; Rv 13:10; cf. 1Ti 1:8–10; Mt 5:17–19

14. Failure to execute murderers brings God's judgment on such societies

We affirm that when a murder occurs the land is polluted,^a and the murderer's family,^b his city^c and his nation^d share the guilt of the murderer^e until the murderer is justly executed.

We further affirm that God will judge nations that fail to execute murderers,^f but He will bless cities and nations that obey Him in this matter.^g

We deny that God holds guiltless cities and nations that fail to execute murderers.^h

We further deny the erroneous belief that God brings no judgments within history.ⁱ

^a Nu 35:33f; Gn 4:10f

^b 2 Sm 21:4–6; 2 Ki 9:26

^c Dt 21:1–9; Jer 26:15

^d Dt 19:10, 13

^e Dt 21:7f

^f Jer 2:34–37; Ho 1:4; 4:1–5

^g Dt 19:13

^h Am 1:11–15; Na 3:1

ⁱ Gn 6:13; 19:24; 1 Ch 16:14; Ps 105:7; Jer 18:7; Dn 2:21

15. Various forms of murder

We affirm that abortion (i.e., the intentional killing of an unborn human baby)—at any stage of his or her development, regardless of motive—is murder.

We further affirm that:

infanticide (i.e., the intentional killing, by act or omission, of a human infant);

euthanasia/“mercy-killing”/assisted suicide^a (i.e., the intentional killing, by act or omission, of a human being, whose life is deemed not worth living or too painful);³

suicide (i.e., the voluntary and intentional killing, by act or omission, of oneself; self-murder);^{b4}

hastening death to obtain fresh organs;

birth control involving the destruction of fertilized human embryos (e.g., IUD, progestin “minipill,” progestin injections, high estrogen “morning after pill,” etc.);⁵

destruction of fertilized human embryos when using reproductive technologies (including freezing human embryos, much *in vitro* fertilization, human embryonic stem cell research, human cloning, etc.);⁶

human embryonic and fetal experimentation resulting in death;

reckless actions causing physical injury to a pregnant mother that directly results in the death of her baby^c

are all forms of murder by God’s standards.

We further affirm that mercifully allowing natural death may be right in cases of imminent and irreversible⁷ death from incurable disease, fatal injury or old age—without unnatural, life-sustaining equipment, unless the person desires such heroic measures and has financial means to pay for them.

We deny that patients and their families have a moral obligation to receive medical treatments for which they have no righteous means of paying.⁸

We further deny: that it is the state’s God-given responsibility to provide for, or to fund, medical care;⁹ that civil magistrates may enact legal definitions of death that are unbiblical,¹⁰ for the purpose of furthering organ harvesting, without becoming an accessory to murder; and that the end justifies the means.^d

We further deny that birth control methods that do not prevent conception, but prevent implantation of a fertilized human egg in the uterus are not murderous.

We further deny that it is ever proper to withhold basic care and love for those who are dying^e or that laying down one’s life to save the lives of others is murder or unlawful suicide.^f

^a 2 Sm 1:6–16

^b (Every instance of suicide and assisted suicide in the Bible is directly associated by the Biblical authors with the person’s spiritual collapse and disobedience against God) (Jdg 9:52–57; 1 Sm 31:3–6 // 1 Ch 10:3–6; 2 Sm 1:6–16; 17:23; 1 Ki 16:15–20; Mt 27:5; Ac 1:18).

^c Ex 21:22f¹

^d Ro 3:8

^e Pr 13:6; Job 29:13 with 31:19; Mt 25: 35–45

^f Jn 15:13; 1 Jn 3:16

16. The fetus is a human person, distinct from its mother

We affirm that the Bible is unambiguous in teaching that a fetus¹² is a human person, a living child,¹³ distinct from its mother.^a

We further affirm that the fetus has its own unique set of genes and chromosomes, brain waves and fingerprints.

We deny that it is either biblical or scientific to claim that the fetus is merely a part of the mother's body or that it is simply "tissue".

^a See Appendix "Evidence that a fetus is a person: Biblical evidence," which discusses the following verses: Gn 16:11; Ex 21:22; 2 Sa 11:5 NKJ; Is 7:14; Ex 21:22; Lk 1:41, 44; Gn 25:22; Job 3:3; Lk 1:36; Lk 1:15; Lk 1:41, 44; Lk 2:12, 16; Ac 7:19; 1 Pt 2:2; Lk 18:15; 2 Tim 3:15; Job 3:13; 31:15; Ps 22:9f; 139:13–16; 51:5; Is 49:1, 5; Jer 1:4f; 20:17f; Ho 12:3; Job 10:8–12; 31:15; Ps 119:73; 139:13–16; Jer 1:5; Ps 78:5f; Ex 21:22f; cf. Gn 9:5f; Gn 25:23; Ex 21:22f; Lk 1:15, 36, 41–44; Gal 1:15; Ps 51:5; Ro 5:12ff; Job 3:13–15; Lk 1:15; Lk 1:41, 44; Ps 51:5; Lk 1:41, 44; Gal 1:15f; Jdg 13:3, 5, 7; Is 49:1, 5; Jer 1:5; Ro 9:11f; Heb 10:5; Mt 1:20; Lk 1:35; Lk 1:31; Mt 1:20; Lk 1:31; Heb 2:17, 14; cf. Ps 22:9f; Is 49:1, 5; Lk 3:23–38; Ho 9:14; Job 3:10–16; 10:18f; Ec 6:3; Ex 23:26

17. Birth defects, rape and incest

We affirm that the Bible teaches that children must not be punished for the sinful lifestyle or crimes of their parents.^a

We deny that it is not murder to abort a baby for reasons of birth defects,^b rape, incest, lifestyle choice, overpopulation or financial or personal stress.

^a Dt 24:16; Ezk 18

^b Ex 4:11; Is 45:9–11; Jn 9:1–3; 11:4

18. The life of the mother

We affirm that, in very rare cases in which pregnancy directly threatens the physical life of the mother, the doctor has two patients, the mother and the baby, and his efforts should be to save both.

We further affirm that, in the process of seeking to save the lives of both mother and child, it is not murder if medical science is unsuccessful in saving the life of one or both.

We deny that it is morally right for a doctor to care for a pregnant mother and neglect attempting to save the life of her unborn baby.

19. Non-lethal violations of the sanctity of human life

We affirm that eugenics¹⁴ (now expanded through the technologies and use of sperm banks, artificial insemination by donor, surrogate mothers, in vitro fertilization, genetic engineering, cybernetics, nanotechnology, etc.) is a violation of the sanctity of human life.

We further affirm that:

Forced sterilization;
Torturing prisoners of war, or torturing for any reason;
Dangerous medical experiments with humans;¹⁵
Unbiblical buying and selling human beings, including:
 Kidnapping people to sell them and buying kidnapped people;^a
 Buying or selling human sperm or human eggs for the purpose of producing human embryos;
 A woman renting her womb as a surrogate mother;
Buying and selling one's sexuality (e.g., prostitution, pornography);
Bestiality;^b
Racial prejudice,^{16c} and
Imprisonment as punishment for crime

are all non-lethal violations of the sanctity of human life.

We deny that any of the above acts can be justified by the Bible.

^a Rv 18:11, 13; Ex 21:16; Dt 24:7

^b Ex 22:19; Lv 20:15f

^c Contrast the racial solidarity of all mankind in:

- Creation (Gn 1:26–28 God created all mankind in his image; Ac 17:26);
- Fall (Gn 3:15–19; Ro 5:12; 1–3); and
- Redemption—including: the atonement (Jn 3:16; 1 Tim 2:4; 1 Jn 2:2); the preaching of the gospel (Mt 28:18f; Ac 1:8; 2:8–11; 10:15, 34f); and union with Christ and unity in Christ's church (Mk 11:17; 2 Cor 5:17; Gal 3:8, 28f; Eph 2:13–19; Col 3:11; Rv 5:9f; cf. Lk 10:33).

20. Citizen's obligations to obey God where man's laws contradict God's laws in the Bible

We affirm that individual citizens and civil magistrates are not Biblically-bound to obey human laws or court rulings that violate the laws or commands of God's written Word.

We further affirm that people must disobey any unjust law (as Biblically defined) whenever obedience to that law would cause them to disobey God's written Word.

Endnotes to the Sanctity of Human Life Document

¹ “Scripture never defines the image of God in terms of specific qualities or abilities. Instead, Scripture teaches that *human beings as such* are individually created in God's image (Genesis 1:26f; 9:6; 1 Corinthians 11:7; James 3:9) and that a ‘human being’ is anyone who belongs to the race of Adam (Genesis 5:1–3ff). Thus everyone who belongs to the race of Adam bears God's image (cf. Genesis 5:1–3ff). Because being the image of God is the scriptural ground for having the rights of a person (Genesis 9:6; James 3:9), we can say that Scripture equates ‘being God's image’ with ‘being a person.’ ... In Genesis 9:6 and in James 3:9, Scripture commands us to respect the image of God. And the context of these verses absolutely excludes any attempt to distinguish persons from nonpersons within the human race” (John M. Frame, *Medical Ethics: Principles, Persons, and Problems* [Phillipsburg, NJ: P&R, 1988], p. 35).

² Death is not merely a biological event; it is also a spiritual event. Death occurs when a human spirit leaves its body (Ec 12:7; Ja 2:26) and goes either to heaven (Lk 23:43; 2 Cor 5:6, 8; Ph 1:23; Rv 7:9–17; Ec 12:7) or to hell (Lk 16:22–27).

³ Patients and their families normally have a moral obligation to receive available medical treatment that is clearly effective in restoring their health and saving their life. Cf. the Westminster Larger Catechism’s positive requirement to save life implied in the Sixth Commandment (Q. 135–136).

⁴ Thus suicide does not include acts of self-sacrifice in which persons do not directly will their own death, but are prepared to accept death as a possible consequence of performing some act of charity, justice, mercy, or piety to which God has called them. Such acts of self-sacrifice may include: attempting to save the lives of others during a military campaign or rescuing someone during a natural disaster; defense of family or friends unjustly attacked (Est 4:16); ministering to the infectious sick; and bearing witness to Christ in times of persecution and martyrdom (Dn 3:17f; 1 Cor 13:3); cf. Jn 15:13; Ro 5:7f.

⁵ Franklin E. Payne, *Making Biblical Decisions* (Escondido, CA: Hosanna House, 1989), p. 38.

⁶ In this paper no distinction is made between the terms “zygote” (the cell formed by the joining of the male sperm and the female egg), “embryo,” and “fetus.” The term “embryo” is commonly used to denote the first eight weeks of human development, and the term “fetus” often denotes human development from the beginning of the third month of pregnancy through the ninth month.

⁷ “A condition is ‘irreversible’ from a human perspective when there are no known available medical means to correct the injury or disease process leading to death. In other words, there is no medical hope for recovery, and it is only a matter of time before a person dies. Medically, this means that even the best unnatural (mechanical) means will not stop death” (Norman L. Geisler, *Christian Ethics: Options and Issues* [Grand Rapids: Baker, 1989], p. 169). Cf. John J. Davis, *Evangelical Ethics*, 3rd ed. (Phillipsburg, PA: P&R, 2004), pp. 192f.

⁸ Furthermore, the responsibility to save one’s life must be balanced against other biblical responsibilities, such as: providing for one’s family (1 Tim 5:8), leaving an inheritance to children (2 Cor 12:14; Pr 19:14) and grandchildren (Pr 13:22), supporting spiritual leaders (1 Tim 5:17f), etc. (cf. Franklin E. Payne, *Biblical Healing for Modern Medicine* [Augusta, GA: Covenant Books, 1993], pp. 43, 58, 70, 97). Furthermore, does the Old Testament limitation of debt to six years apply to contemporary debt incurred for medical services?

⁹ There is no biblical basis for the state paying for medical expenses—except the medical expenses for diseases and injuries acquired in the “line of duty” by military personnel, policemen, firemen, and other civil servants. See Franklin E. Payne, *Biblical Healing for Modern Medicine*, p. 169. There is no inherent right to medical treatment.

¹⁰ The term (physical) “death” denotes the total and permanent (i.e., without possibility of resuscitation or recovery) cessation of all the vital functions and signs of any organism. In determining a biblical definition for physical death the following concepts are relevant:

- the life is in the blood (Gn 9:4; Lv 17:11, 14; Dt 12:23; cf. Jn 6:53f);
- the breath of life (Gn 2:7; 6:17:7:15, 22; Job 7:7; 12:10; 27:3; 33:4; Is 2:22; Ezk 37:5–10; Ac 17:25; Rv 11:11);
- to cease breathing is to die (Gn 25:8, 17; 35:29; 49:33; Jos 10:40; 11:11, 14; 1 Ki 15:29; 17:17; Ps 104:29; Mk 15:37, 39; Lk 23:46; Ac 5:5, 10); and
- the heart is the wellspring of life (Pr 4:23) (metaphorical usage).

Since life is in the blood/circulatory system, we must not treat a person as dead as long as his blood continues to provide oxygenation (the “breath of life”) to the cells. Once the blood dies (i.e., is coagulated), the person can be treated as dead. This encapsulates the cardio-pulmonary definition of death (i.e., irreversible cessation of circulatory and respiratory functions), since the blood carries the oxygen (the “breath of life”) to the person’s body cells (Phillip G. Kayser).

Thus “brain-death” alone is not a sufficient criterion of physical death. A medical definition of “death” should include the irreversible loss of heart, lung and perhaps brain function—making each a “necessary criterion and all three together the sufficient criteria for declaring someone to be dead.” Other criteria, such as body temperature, color, kidney function, etc., may be used by way of confirmation (John M. Frame, *Medical Ethics: Principles, Persons, and Problems*, p. 58–62, 75–81). (Note that a human embryo does not have brain waves or brain function until 6–7 weeks after conception, but he or she is most definitely alive.)

¹¹ H. Wayne House, “Miscarriage or Premature Birth: Additional Thoughts on Exodus 21:22–25,” *Westminster Theological Journal* 41:1 (Fall 1978), pp. 109–123. John M. Frame, “Abortion from a Biblical Perspective,” in *Thou Shalt Not Kill: The Christian Case against Abortion*, ed. Richard L. Ganz (New Rochelle, NY: Arlington House, 1978), pp. 51–57. Umberto Cassuto, *A Commentary on the Book of Exodus* (Jerusalem: Magnes, 1967), pp. 275, 277.

¹² “Fetus” is a Latin word meaning children (of human beings) or offspring (of animals); it is used for both the young already born and the young still in their mother’s womb (P.G.W. Glare, ed., *Oxford Latin Dictionary* [Oxford: Clarendon Press, 2004], p. 695).

¹³ Personhood must not be confused with personality. Personhood is an ontological category; personality is a psychological concept.

¹⁴ The term “eugenics” denotes the scientific and social attempt to produce “superior” offspring by processes of selective breeding of humans, encouraging childbearing among those deemed most “fit” and impeding or preventing parenthood among those deemed “inferior.”

¹⁵ In such scientific or medical experiments, the risks to the participant or patient outweigh possible benefits to him or her.

¹⁶ Racism may be defined as the belief that one race is inherently superior to another race/s, and that the superior race has the right to dominion over the other/s. Biblically, individual acts of racial prejudice (e.g., refusing to hire or to conduct business with a person of another race) are sins, but they are not crimes to be punished by the state.

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SUPPLEMENTAL STATISTICS ON ABORTION FROM THE ELLIOT INSTITUTE

Note: After we compiled the facts in the above appendix, more recent statistical information about the effects of abortion on women have been made available by the Elliot Institute which was not available on the website at the time. They sent us the following recent statistics compiled from medical journals as a special favor. If you wish to contact the Elliot Institute their address is: **Elliot Institute, PO Box 7348, Springfield, IL 62791.**

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APPENDIX TO SANCTITY OF HUMAN LIFE DOCUMENT

A. Non-biblical worldviews provide no basis for the sanctity of human life

1. *Western thought*

The rejection of the sanctity of human life is an integral part of non-Christian worldviews. In “Western” thought, the materialist-evolutionary-chance worldview is diametrically opposed to the Christian worldview and rejects the sanctity of human life:

Materialist-Evolutionary-Chance Worldview	Biblical Worldview
There is no Creator	The infinite, personal, triune God is the Creator; Creator/creature distinction
Humans evolved from animals	God created everything, including man as his image; every living thing reproduces after its kind
Truth autonomous and relative	God is source of all truth; God’s objective, revealed Word is absolute truth
Ethics autonomous and relative; humans determine right (utilitarian quality of life principle; end justifies means)	Absolute ethics revealed and imposed by God (sanctity of life principle)

2. *Eastern thought*

In “Eastern” thought, the monistic-transcendent-mystical worldview is diametrically opposed to the Christian worldview and rejects the sanctity of human life:

Monistic-Transcendent-Mystical Worldview	Biblical Worldview
There is no Creator; god is impersonal; everything is god/divine (pantheism)	The infinite, personal, triune God is the Creator; Creator/creature distinction
No distinction between humans, animals, plants, and things—all is one. Humans are concentrated cosmic energy who create their own reality	God created everything, including man as his image; every living thing reproduces after its kind
Truth within every divine-human; determined autonomously and experientially through states of mystical consciousness (cp. Jer 23:36)	God is source of all truth; God’s objective, revealed Word is absolute truth
Ethics autonomous and relative; toleration	Absolute ethics revealed and imposed by God (sanctity of life principle)

All religions are one; every religious adherent will arrive as the same mystical union with god in which we fully realize our divinity; mystical and irrational	Christianity only true religion; rational
Death is illusion (but revered); reincarnation	Death an enemy; the end of one's earthly life; the human spirit leaves its body and goes to heaven or hell

Thus persons not operating on the basis of—or under the influence of—the Christian worldview do not view human life as sacred (to the extent that they are consistent with their non-Christian worldviews).

Throughout history, medical practitioners who were not operating on the basis of—or under the influence of—the Christian worldview often operated by the power of the demonic (e.g., witchdoctors¹).

B. Evidence that a fetus is a person

Biblical evidence

1. The individual human life initiated at conception is on a continuum with the individual adult life.

The Hebrew terms *hareh* (conceive) and *yeled* (give birth, bear a child) occur together 41 times in the Old Testament. The close pairing of these two words clearly emphasize conception, not birth, is the starting point of individual human life.

When a woman conceives she is “with child” (*hareh*, Gn 16:11; Ex 21:22; 2 Sa 11:5 NKJ; Is 7:14; etc.; Ex 21:22 *yeled* children), having conceived a “baby” (Lk 1:41, 44) or a “son” (Gn 25:22 *ben* son; Job 3:3 *geber* mighty man; Lk 1:36 *ui`o,j* son; cf. Lk 1:15) in her womb. Hebrew terms *ben*, *geber*, and the Greek *ui`o,j* are normally used in Scripture of sons of various ages or of adult men. Likewise, the Hebrew *yeled* is almost always used of a child (not a baby in his or her mother's womb). The Greek term *bre,foj* makes no distinction between an unborn baby (Lk 1:41, 44), a newborn baby (Lk 2:12, 16; Ac 7:19; 1 Pt 2:2), an infant (Lk 18:15), and a young child (2 Tim 3:15). The use of these Hebrew and Greek terms for babies in the womb demonstrate personal identity over time—from a person's conception through adulthood. No separate Hebrew or Greek words are used to distinguish a fetus from an infant or child.² Thus God makes no distinction between potential human life and actual human life, between an unborn fetus and a child already born.

Continuation of personal identity from conception through adulthood is also indicated by the use of personal pronouns (e.g., “I,” “me,” “my,” “you,” etc.) in passages in which a grown

¹ The Greek term *farmakeia*, a (*pharmakeia*) and its cognates denote the use of medicine, drugs, or spells; in the New Testament and in the Septuagint these terms are usually translated “sorcery/witchcraft” or “sorcerer/magician” (Gal 5:20; Rv 18:23; 9:21; 21:8; 22:15; Ex 7:11; 22:17/18; Mal 3:5; etc.).

² The Hebrew term *gōlem* (embryo) occurs only once in the Bible (Ps 139:16). If the writers of Scripture had desired to distinguish between an unborn fetus and babies or children who had already been born, the necessary terminology was available.

man (e.g., Job, Christ, David, the Suffering Servant, Jeremiah, or Jacob) refers back to when he had been a baby in his mother's womb (Job 3:13; 31:15; Ps 22:9f; 139:13–16; 51:5; Is 49:1, 5; Jer 1:4f; 20:17f; Ho 12:3).

God himself actively creates and molds each person in the womb (Job 10:8–12; 31:15; Ps 119:73; 139:13–16; Jer 1:5 cf. Ps 78:5f).

2. Accidentally killing an unborn baby is murder and warrants capital punishment because the unborn baby is a “soul” or “living being” (*nephesh*, Ex 21:22f; cf. Gn 9:5f). The life-for-life formula applies to the destruction of a fetus, with no qualification as to how young the fetus might be. The fetus—at any stage of development—is, in the eyes of this law, a living human being.
This case law gives an *a fortiori* argument (i.e., from the lesser to the greater) regarding the value of fetal life: If these penalties apply to an accidental abortion, how much more do they apply to deliberate abortion!
3. The child in the womb is a separate person from his or her mother (Gn 25:23; Ex 21:22f; Lk 1:15, 36, 41–44; Gal 1:15).
4. People are conceived in sin (Ps 51:5). Sin is ethical, not physical, and only a moral agent (person) can be guilty of sin or have a sin nature. Unborn babies are conceived in sin because they are “in Adam” (i.e., descendants of Adam, the first man, and therefore members of the Adamic or human race; Ro 5:12ff).
5. When a baby dies in the womb or in childbirth, its soul enters the afterlife with deceased adults (Job 3:13–15).
6. An unborn baby can be filled with the Holy Spirit (Lk 1:15). In Scripture, only human persons are “filled with the Holy Spirit.”
7. In response to external stimuli (and perhaps by the power of the Holy Spirit), a fetus can leap for exuberant joy (Lk 1:41, 44). Thus an unborn baby is a spiritual, rational, moral being (Ps 51:5; Lk 1:41, 44).
8. God calls some men to special service while still in the womb (Gal 1:15f; Jdg 13:3, 5, 7; Is 49:1, 5; Jer 1:5; Ro 9:11f).
9. Jesus Christ was fully a person while in his mother's womb. In the incarnation the Logos took on flesh and became the God-man, Jesus Christ. Scripture tells us that God prepared a physical body for him (Heb 10:5). The Gospels describe some of this process: the Son of God was begotten of the Holy Spirit (Mt 1:20; Lk 1:35); Mary conceived in her womb (Lk 1:31); and Mary brought forth (gave birth to) a son (Mt 1:20; Lk 1:31). Clearly God began the process of the incarnation at the point of conception, not some time later. This was necessary because, in his human nature, Christ “had to be made like his brethren in all things” (Heb 2:17, 14; cf. Ps 22:9f; Is 49:1, 5; Lk 3:23–38).

[Note that in Scripture prenatal death is regarded as a curse and an object of horror (Ho 9:14; Job 3:10–16; 10:18f; Ec 6:3); contrast Ex 23:26.]

Scientific evidence

1. From the moment of conception, unborn babies have their own unique and complete set of 46 chromosomes that are different from both their mother's and their father's chromosomes. (The mother's ovum and the father's sperm each have only 23 chromosomes.) All the

physical characteristics of the new individual human being are contained in the genetic code present at conception; from the moment of conception until death, no new genetic information is added.

2. From the moment of conception, unborn babies have their own sex, and approximately half are male, even though the mother is female.
3. Approximately 6–7 weeks after conception, babies have their own individual brain waves that they keep until death.
4. Within a few weeks after conception, babies have their own blood type, which may differ from their mother’s blood type.
5. Babies have their own unique fingerprints.

“Embryos are no more a part of the mother’s body than a nursing baby is part of her mother’s breast or a test-tube baby is part of a Petri dish. So distinct is an embryo from a mother’s womb that if the fertilized ovum from a black couple is transplanted into a white mother, she will have a black baby.”³

C. Possible consequences of abortion

1. Medical consequences of abortion

Fact Sheet, Courtesy of the Elliot Institute, PO Box 7348, Springfield, IL 62791

A List of Major Physical Sequelae Related to Abortion¹

Death

According to the best record based study of deaths following pregnancy and abortion, a 1997 government funded study in Finland, women who abort are approximately four times more likely to die in the following year than women who carry their pregnancies to term. In addition, women who carry to term are only half as likely to die as women who were not pregnant.(16) ([Click here](#) for more details on this important study.)

The Finland researchers found that compared to women who carried to term, women who aborted in the year prior to their deaths were 60 percent more likely to die of natural causes, seven times more likely to die of suicide, four times more likely to die of injuries related to accidents, and 14 times more likely to die from homicide. Researchers believe the higher rate of deaths related to accidents and homicide may be linked to higher rates of suicidal or risk-taking behavior.(16)

The leading causes of abortion related maternal deaths within a week of the surgery are hemorrhage, infection, embolism, anesthesia, and undiagnosed ectopic pregnancies. Legal abortion is reported as the fifth leading cause of maternal death in the United States, though in fact it is recognized that most abortion related deaths are not officially reported as such.(2) ([Click here](#) for more details on the underreporting of abortion related deaths in the U.S.)

³ Norman L. Geisler, *Christian Ethics: Options and Issues* (Grand Rapids: Baker, 1989), p. 140; cf. pp. 149f.

Breast cancer

The risk of breast cancer almost **doubles** after one abortion, and rises even further with two or more abortions.(3)

Cervical, ovarian, and liver cancer

Women with one abortion face a 2.3 relative risk of cervical cancer, compared to non-aborted women, and women with two or more abortions face a 4.92 relative risk. Similar elevated risks of ovarian and liver cancer have also been linked to single and multiple abortions. These increased cancer rates for post-aborted women are apparently linked to the unnatural disruption of the hormonal changes which accompany pregnancy and untreated cervical damage.(4)

Uterine perforation

Between 2 and 3% of all abortion patients may suffer perforation of their uterus, yet most of these injuries will remain undiagnosed and untreated unless laparoscopic visualization is performed.(5) Such an examination may be useful when beginning an abortion malpractice suit. The risk of uterine perforation is increased for women who have previously given birth and for those who receive general anesthesia at the time of the abortion.(6) Uterine damage may result in complications in later pregnancies and may eventually evolve into problems which require a hysterectomy, which itself may result in a number of additional complications and injuries including osteoporosis.

Cervical lacerations

Significant cervical lacerations requiring sutures occur in at least one percent of first trimester abortions. Lesser lacerations, or micro fractures, which would normally not be treated may also result in long term reproductive damage. Latent post-abortion cervical damage may result in subsequent cervical incompetence, premature delivery, and complications of labor. The risk of cervical damage is greater for teenagers, for second trimester abortions, and when practitioners fail to use laminaria for dilation of the cervix.(7)

Placenta previa

Abortion increases the risk of placenta previa [placenta implants over cervix] in later pregnancies (a life threatening condition for both the mother and her wanted pregnancy) by seven to fifteen fold. Abnormal development of the placenta due to uterine damage increases the risk of fetal malformation, perinatal death, and excessive bleeding during labor.(8)

Complications of labor

Women who had one, two, or more previous induced abortions are, respectively, 1.89, 2.66, or 2.03 times more likely to have a subsequent pre-term delivery, compared to women who carry to term. Prior induced abortion not only increased the risk of premature delivery, it also increased the risk of delayed delivery. Women who had one, two, or more induced abortions are, respectively, 1.89, 2.61, and 2.23 times more likely to have a post-term delivery (over 42 weeks).(17) Pre-term delivery increases the risk of neo-natal death and handicaps.

Handicapped newborns in later pregnancies

Abortion is associated with cervical and uterine damage which may increase the risk of premature delivery, complications of labor and abnormal development of the placenta in later pregnancies. These reproductive complications are the leading causes of handicaps among newborns.(9)

Ectopic pregnancy

Abortion is significantly related to an increased risk of subsequent ectopic pregnancies. Ectopic pregnancies, in turn, are life threatening and may result in reduced fertility.(10)

Pelvic Inflammatory Disease (PID)

PID is a potentially life threatening disease which can lead to an increased risk of ectopic pregnancy and reduced fertility. Of patients who have a chlamydia infection at the time of the abortion, 23% will develop PID within 4 weeks. Studies have found that 20 to 27% of patients seeking abortion have a chlamydia infection. Approximately 5% of patients who are not infected by chlamydia develop PID within 4 weeks after a first trimester abortion. It is therefore reasonable to expect that abortion providers should screen for and treat such infections prior to an abortion.(11)

Endometritis

Endometritis is a post-abortion risk for all women, but especially for teenagers, who are 2.5 times more likely than women 20–29 to acquire endometritis following abortion.(12)

Immediate complications

Approximately 10% of women undergoing elective abortion will suffer immediate complications, of which approximately one-fifth (2%) are considered life threatening. The nine most common major complications which can occur at the time of an abortion are: infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury, and endotoxic shock. The most common “minor” complications include: infection, bleeding, fever, second degree burns, chronic abdominal pain, vomiting, gastro-intestinal disturbances, and Rh sensitization.(13)

Increased risks for women seeking multiple abortions

In general, most of the studies cited above reflect risk factors for women who undergo a single abortion. These same studies show that women who have multiple abortions face a much greater risk of experiencing these complications. This point is especially noteworthy since approximately 45% of all abortions are for repeat aborters.

Lower general health

In a survey of 1428 women researchers found that pregnancy loss, and particularly losses due to induced abortion, was significantly associated with an overall lower health. Multiple abortions correlated to an even lower evaluation of “present health.” While miscarriage was detrimental to health, abortion was found to have a greater correlation to poor health. These findings support previous research which reported that during the year following an abortion women visited their family doctors 80% more for all reasons and 180% more for psychosocial reasons. The authors also found that “if a partner is present and not supportive, the miscarriage rate is more than double and the abortion rate is four times greater than if he is present and supportive. If the partner is absent the abortion rate is six times greater.” (15)

This finding is supported by a 1984 study that examined the amount of health care sought by women during a year before and a year after their induced abortions. The researchers found that on average, there was an 80 percent increase in the number of doctor visits and a 180 percent increase in doctor visits for psychosocial reasons after abortion.(18)

Increased risk for contributing health risk factors

Abortion is significantly linked to behavioral changes such as promiscuity, smoking, drug abuse, and eating disorders which all contribute to increased risks of health problems. For example, promiscuity and abortion are each linked to increased rates of PID and ectopic

pregnancies. Which contributes most is unclear, but apportionment may be irrelevant if the promiscuity is itself a reaction to post-abortion trauma or loss of self esteem.

Increased risks for teenagers

Teenagers, who account for about 30 percent of all abortions, are also at much high risk of suffering many abortion related complications. This is true of both immediate complications, and of long-term reproductive damage.(14)

NOTES

1. An excellent resource for any attorney involved in abortion malpractice is Thomas Strahan's Major Articles and Books Concerning the Detrimental Effects of Abortion (Rutherford Institute, PO Box 7482, Charlottesville, VA 22906-7482, (804) 978-388.) This resource includes brief summaries of major finding drawn from medical and psychology journal articles, books, and related materials, divided into major categories of relevant injuries.
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“Abortion Risks and Complications,” © 1997, 2000 Elliot Institute. Compiled by David C. Reardon, Ph.D.

Available at <http://www.afterabortion.org/>. Elliot Institute, PO Box 7348, Springfield, IL 62791, (217) 525-8202.

Additional medical documentation is cited in the following sources:

<http://www.nrlc.org/abortion/ASMF/asmf13.html>

<http://www.family.org/cforum/fosi/bioethics/facts/a0027728.cfm>

<http://www.abortionfacts.com/effects/effects.asp>

Mark Crutcher, *Lime five: Exploited by Choice* (Denton, TX: Life Dynamics, 1996). (An expose of the Center for Disease Control; available at 1-800-401-6494).

John Ankerberg and John Weldon, *When Does Life Begin?* (Brentwood, TN: Wolgemuth & Hyatt, 1989), pp. 53–59.

2. Psychological consequences of abortion

Fact Sheet, Courtesy of the Elliot Institute, PO Box 73478 Springfield, IL 62791-7348

A List of Major Psychological Sequelae of Abortion

Requirement of psychological treatment

In a study of post-abortion patients only 8 weeks after their abortion, researchers found that 44% complained of nervous disorders, 36% had experienced sleep disturbances, 31% had regrets about their decision, and 11% had been prescribed psychotropic medicine by their family doctor.

(2) A 5 year retrospective study in two Canadian provinces found significantly greater use of medical and psychiatric services among aborted women. Most significant was the finding that 25% of aborted women made visits to psychiatrists as compared to 3% of the control group. (3) Women who have had abortions are significantly more likely than others to subsequently require admission to a psychiatric hospital. At especially high risk are teenagers, separated or divorced women, and women with a history of more than one abortion. (4)

Since many post-aborted women use repression as a coping mechanism, there may be a long period of denial before a woman seeks psychiatric care. These repressed feelings may cause psychosomatic illnesses and psychiatric or behavioral in other areas of her life. As a result, some counselors report that unacknowledged post-abortion distress is the causative factor in many of their female patients, even though their patients have come to them seeking therapy for seemingly unrelated problems. (5)

Post-Traumatic Stress Disorder (PTSD or PAS)

A major random study found that a minimum of 19% of post-abortion women suffer from diagnosable post-traumatic stress disorder (PTSD). Approximately half had many, but not all, symptoms of PTSD, and 20 to 40 percent showed moderate to high levels of stress and avoidance behavior relative to their abortion experiences. (6) Because this is a major disorder which may be present in many plaintiffs, and is not readily understood outside the counseling profession, the following summary is more complete than other entries in this section. PTSD is a psychological dysfunction which results from a traumatic experience which overwhelms a person's normal defense mechanisms resulting in intense fear, feelings of helplessness or being trapped, or loss of control. The risk that an experience will be traumatic is increased when the traumatizing event is perceived as including threats of physical injury, sexual violation, or the witnessing of or participation in a violent death. PTSD results when the traumatic event causes the hyperarousal of "flight or fight" defense mechanisms. This hyperarousal causes these defense mechanisms to become disorganized, disconnected from present circumstances, and take on a life of their own resulting in abnormal behavior and major personality disorders. As an example of this disconnection of mental functions, some PTSD victim may experience intense emotion but without clear memory of the event; others may remember every detail but without emotion; still others may reexperience both the event and the emotions in intrusive and overwhelming flashback experiences. (7)

Women may experience abortion as a traumatic event for several reasons. Many are forced into an unwanted abortion by husbands, boyfriends, parents, or others. If the woman has repeatedly been a victim of domineering abuse, such an unwanted abortion may be perceived as the ultimate violation in a life characterized by abuse. Other women, no matter how compelling the

reasons they have for seeking an abortion, may still perceive the termination of their pregnancy as the violent killing of their own child. The fear, anxiety, pain, and guilt associated with the procedure are mixed into this perception of grotesque and violent death. Still other women, report that the pain of abortion, inflicted upon them by a masked stranger invading their body, feels identical to rape. (8) Indeed, researchers have found that women with a history of sexual assault may experience greater distress during and after an abortion exactly because of these associations between the two experiences. (9) When the stressor leading to PTSD is abortion, some clinicians refer to this as Post-Abortion Syndrome (PAS).

The major symptoms of PTSD are generally classified under three categories: hyperarousal, intrusion, and constriction.

Hyperarousal is a characteristic of inappropriately and chronically aroused “fight or flight” defense mechanisms. The person is seemingly on permanent alert for threats of danger. Symptoms of hyperarousal include: exaggerated startle responses, anxiety attacks, irritability, outbursts of anger or rage, aggressive behavior, difficulty concentrating, hypervigilance, difficulty falling asleep or staying asleep, or physiological reactions upon exposure to situations that symbolize or resemble an aspect of the traumatic experience (eg. elevated pulse or sweat during a pelvic exam, or upon hearing a vacuum pump sound.)

Intrusion is the reexperience of the traumatic event at unwanted and unexpected times. Symptoms of intrusion in PAS cases include: recurrent and intrusive thoughts about the abortion or aborted child, flashbacks in which the woman momentarily reexperiences an aspect of the abortion experience, nightmares about the abortion or child, or anniversary reactions of intense grief or depression on the due date of the aborted pregnancy or the anniversary date of the abortion.

Constriction is the numbing of emotional resources, or the development of behavioral patterns, so as to avoid stimuli associated with the trauma. It is avoidance behavior; an attempt to deny and avoid negative feelings or people, places, or things which aggravate the negative feelings associated with the trauma. In post-abortion trauma cases, constriction may include: an inability to recall the abortion experience or important parts of it; efforts to avoid activities or situations which may arouse recollections of the abortion; withdrawal from relationships, especially estrangement from those involved in the abortion decision; avoidance of children; efforts to avoid or deny thoughts or feelings about the abortion; restricted range of loving or tender feelings; a sense of a foreshortened future (e.g., does not expect a career, marriage, or children, or a long life.); diminished interest in previously enjoyed activities; drug or alcohol abuse; suicidal thoughts or acts; and other self-destructive tendencies.

As previously mentioned, Barnard’s study identified a 19% rate of PTSD among women who had abortions three to five years previously. But in reality the actual rate is probably higher. Like most post-abortion studies, Barnard’s study was handicapped by a fifty percent drop out rate. Clinical experience has demonstrated that the women least likely to cooperate in post-abortion research are those for whom the abortion caused the most psychological distress. Research has confirmed this insight, demonstrating that the women who refuse followup evaluation most closely match the demographic characteristics of the women who suffer the most post-abortion distress. (10) The extraordinary high rate of refusal to participate in post-abortion studies may be interpreted as evidence of constriction or avoidance behavior (not wanting to think about the abortion) which is a major symptom of PTSD.

For many women, the onset or accurate identification of PTSD symptoms may be delayed for several years. (11) Until a PTSD sufferer has received counseling and achieved adequate recovery, PTSD may result in a psychological disability which would prevent an injured

abortion patient from bringing action within the normal statutory period. This disability may, therefore, provide grounds for an extended statutory period.

Sexual dysfunction

Thirty to fifty percent of aborted women report experiencing sexual dysfunctions, of both short and long duration, beginning immediately after their abortions. These problems may include one or more of the following: loss of pleasure from intercourse, increased pain, an aversion to sex and/or males in general, or the development of a promiscuous life-style. (12)

Suicidal ideation and suicide attempts

Approximately 60 percent of women who experience post-abortion sequelae report suicidal ideation, with 28 percent actually attempting suicide, of which half attempted suicide two or more times. Researchers in Finland have identified a strong statistical association between abortion and suicide in a records based study. The identified 73 suicides associated within one year to a pregnancy ending either naturally or by induced abortion. The mean annual suicide rate for all women was 11.3 per 100,000. Suicide rate associated with birth was significantly lower (5.9). Rates for pregnancy loss were significantly higher. For miscarriage the rate was 18.1 per 100,000 and for abortion 34.7 per 100,000. The suicide rate within one year after an abortion was three times higher than for all women, seven times higher than for women carrying to term, and nearly twice as high as for women who suffered a miscarriage. Suicide attempts appear to be especially prevalent among post-abortion teenagers.(13)

Increased smoking with correspondent negative health effects

Post-abortion stress is linked with increased cigarette smoking. Women who abort are twice as likely to become heavy smokers and suffer the corresponding health risks. (14)

Post-abortion women are also more likely to continue smoking during subsequent wanted pregnancies with increased risk of neonatal death or congenital anomalies. (15)

Alcohol abuse

Abortion is significantly linked with a two fold increased risk of alcohol abuse among women. (16) Abortion followed by alcohol abuse is linked to violent behavior, divorce or separation, auto accidents, and job loss. (17) (see also [New Study Confirms Link Between Abortion and Substance Abuse](#))

Drug abuse

Abortion is significantly linked to subsequent drug abuse. In addition to the psycho-social costs of such abuse, drug abuse is linked with increased exposure to HIV/AIDS infections, congenital malformations, and assaultive behavior. (18)

Eating disorders

For at least some women, post-abortion stress is associated with eating disorders such as binge eating, bulimia, and anorexia nervosa. (19)

Child neglect or abuse

Abortion is linked with increased depression, violent behavior, alcohol and drug abuse, replacement pregnancies, and reduced maternal bonding with children born subsequently. These factors are closely associated with child abuse and would appear to confirm individual clinical assessments linking post-abortion trauma with subsequent child abuse. (20)

Divorce and chronic relationship problems

For most couples, an abortion causes unforeseen problems in their relationship. Post-abortion couples are more likely to divorce or separate. Many post-abortion women develop a greater difficulty forming lasting bonds with a male partner. This may be due to abortion related reactions such as lowered self-esteem, greater distrust of males, sexual dysfunction, substance abuse, and increased levels of depression, anxiety, and volatile anger. Women who have more than one abortion (representing about 45% of all abortions) are more likely to require public assistance, in part because they are also more likely to become single parents. (21)

Repeat abortions

Women who have one abortion are at increased risk of having additional abortions in the future. Women with a prior abortion experience are four times more likely to abort a current pregnancy than those with no prior abortion history. (22)

This increased risk is associated with the prior abortion due to lowered self esteem, a conscious or unconscious desire for a replacement pregnancy, and increased sexual activity post-abortion. Subsequent abortions may occur because of conflicted desires to become pregnant and have a child and continued pressures to abort, such as abandonment by the new male partner. Aspects of self-punishment through repeated abortions are also reported. (23)

Approximately 45% of all abortions are now repeat abortions. The risk of falling into a repeat abortion pattern should be discussed with a patient considering her first abortion. Furthermore, since women who have more than one abortion are at a significantly increased risk of suffering physical and psychological sequelae, these heightened risks should be thoroughly discussed with women seeking abortions.

NOTES

1. An excellent resource for any attorney involved in abortion malpractice is Thomas Strahan's "Major Articles and Books Concerning the Detrimental Effects of Abortion" (Rutherford Institute, PO Box 7482, Charlottesville, VA 22906-7482, (804) 978-388.) This resource includes brief summaries of major findings drawn from medical and psychology journal articles, books, and related materials, divided into major categories of relevant injuries.
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Available at <http://www.afterabortion.org/>. Elliot Institute, PO Box 7348, Springfield, IL 62791, (217) 525-8202.

Additional medical documentation is cited in the following sources:

<http://www.nrlc.org/abortion/ASMF/asmf14.html>

<http://www.family.org/cforum/fosi/bioethics/facts/a0027728.cfm>

<http://www.abortionfacts.com/PAS/PAS.asp>

John Ankerberg and John Weldon, *When Does Life Begin?* (Brentwood, TN: Wolgemuth & Hyatt, 1989), pp.61–70

3. Sociological, economic and spiritual consequences of abortion

Sociological consequences

Survivor syndrome of siblings

Abortion has a deep psychological impact on the aborted baby's siblings, called "survivor syndrome." Immediate reactions of siblings have included: "anxiety attacks, nightmares, increased aggressiveness, stuttering, running away, death phobias, increased separation anxiety, sudden outbursts of fear or hatred of the mother, and even suicide attempts." Delayed reactions have included "effects ranging from isolated fantasies to pervading, crucial, and disabling [psychosomatic] illness. ... When the child hears mother has gotten rid of baby brother or sister, for whatever reason, this makes him dread things in the home. ... Mother becomes the agent of death instead of the agent of life."⁴

Racial consequences

Races that abort their babies disproportionately (e.g., Afro-Americans) are committing genocide.⁵

Economic consequences of abortion

It is impossible to calculate the economic impact of tens of millions of abortions in a nation. Abortion:

- produces fewer consumers, less demand for goods and services, and fewer jobs;
- slows labor force growth (causing the need to import aliens as laborers or to outsource jobs to other countries);
- undermines technological innovation;
- makes financing the care for the elderly (e.g., Social Security) impossible, thus leading to monetary inflation and national economical instability;
- costs businesses, corporations, and insurance companies that finance these abortions—a cost eventually passed on to the ordinary consumer and investor.

Nations with less than zero percent population growth are committing national suicide

Poverty of the mother

The medical and psychological complications of abortion (cited above) are counter-productive to being a good employee and to economic well-being. Thus, it is not surprising that:

- Women who have had abortions are *more* likely to subsequently require welfare assistance, and the odds of going on welfare increase with each subsequent abortion.

⁴ David Reardon, *Aborted Women: Silent No More* (Westchester, IL: Crossway, 1987), pp. 227–229; cited by John Ankerberg and John Weldon, *When Does Life Begin?* (Brentwood, TN: Wolgemuth & Hyatt, 1989), p. 74.

⁵ Minority women constitute only about 13% of the female population (age 15–44) in the United States, but they underwent approximately 36% of the abortions. Planned Parenthood operates the nation's largest chain of abortion clinics and almost 80 percent of its facilities are located in minority neighborhoods. According to the Alan Guttmacher Institute, Black women are more than 3 times as likely as white women to abort their babies. In America today, almost as many African-American children are aborted as are born. Since 1973 Black women in the United States have aborted about 10 million of their babies. <http://www.blackgenocide.org/black.html>; <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5212a1.htm>.

- Women who have repeat abortions tend to have an increasing number of health problems and greater personality disintegration, which increases the likelihood of their needing public assistance.
- Post-abortion women have greater difficulty establishing permanent relationships with a male partner. They are more likely to never marry, more likely to divorce, and more likely to go through a long string of “unsuccessful” relationships. This inability to form a “nuclear family” reduces household income and increases the probability that the woman and her children will require public assistance.

In conclusion, “The repeated utilization of abortion appears to lead not to economic prosperity or social well-being, but to an increasing feminization of poverty.” Thus, “Abortion does not free women. It simply enslaves them in a new way.”⁶

Spiritual consequences of abortion

- Individual estrangement from God and judgments within history. This judgment could include physical and mental/emotional illnesses, poverty, and demonic oppression.
- Eternal judgment. Unless they repent of the sin of murder and turn to the Lord Jesus Christ for forgiveness, God will send to hell those women who have procured abortions and those who have performed abortions (Rv 21:8; 22:15). (“Accomplices” who encouraged them to have an abortion are also in grave danger.)
- National judgment. (See Sanctity of Life Document heading, “Failure to execute murderers brings God’s judgment on such societies.”)

⁶ David C. Reardon, “Abortion and the Feminization of Poverty,” *The Post-Abortion Review* 1(3), (Fall 1993); http://www.abortionfacts.com/reardon/aboriton_and_the_feminizaion_of_.asp; citing Thomas Strahan, “Women Increasingly Receive Public Assistance as Abortion is Repeated,” *Association for Inter-disciplinary Research in Values and Social Change Newsletter*, 4(2):3–7, 1991, (available for \$1 from The Storer Foundation, Att: Marie Hagan, 419 7th St. NW, Ste. 500, Washington, DC 20004).

D. U.S. Supreme Court decision Roe v. Wade is illegal and unconstitutional

We declare that, in the United States, judicial precedent is not legitimate law since only Congress has the Constitutional authority to make laws, and there is no right to abortion in the U.S. Constitution. Human laws or court rulings that violate the laws of God are not legal⁷ or moral laws in the sight of God.^a

^a Is 10:1; Pss 82:1f; 94:20; Pr 17:15; Lk 18:6, 2, 4; 2 Th 2:3; Rv 13; contrast Jn 19:15

⁷ Cf. William Blackstone, *Commentaries on the Laws of England*, ed. Thomas M. Cooley, 4th ed., 4 bks. in 2 vols. (Chicago: Callaghan & Co., 1899), vol. 1, "Introduction," section III, pp. 70, 42f.

E. Social responsibilities of individual Christians, parachurch ministries and the church

1. Repent of our own sins, such as: immorality; unbiblical divorces; failing to obey and teach God's law; failing to be the light and salt God has called us to be; unbiblical counseling; churches failing to practice biblical church discipline; etc.
2. Repent of the sins of our nation, such as: idolatry (including all attempts to act as if we were God, determining good and evil for ourselves, and who is worthy to live and who should die); lawlessness; immorality; murder; unbiblical divorces; materialism; etc.
3. Operate Christian crisis pregnancy centers and Christian adoption agencies that also network with orphanages in the Third World.
4. Offer post-abortion counseling for women who have aborted their babies, with the goals of
 - leading them to repent of their sins^a—including the sins of immorality [usually applicable] and murder; and
 - forgiving those who have sinned against them (e.g., their sexual partner/s, people who have sexually abused them, etc.).^b

Genuine repentance and forgiveness are critical in establishing or restoring their relationship with God. There can be no true and lasting healing apart from repentance for one's sins and a restored relationship with the Creator, Ruler, and just Judge of the universe. Whenever possible, the woman's sexual partner should be included in such biblical counseling.

5. Provide Christian hospice care and the amelioration of pain for the dying.^c
6. Educate and train present and future civil magistrates in the biblical worldview.
7. Pray and work to implement legislation to close all abortion clinics in our cities and states.
8. Pray and work to implement civil laws that would make the invention, production, and sale of any reproductive technology or product—whose intended use involves the destruction of fertilized human ova—unprofitable and illegal.
9. Pray and work to implement biblical laws with regard to: murder; prostitution; adultery; fornication; divorce; rape; incest; pornography; eugenics; unethical scientific or medical experimentation; buying and selling human beings; etc.
10. Pray and work to de-fund unbiblical sex education in government schools.
11. Donations of money, goods, and time should only be given to churches and para-church organizations that adhere to the sanctity of human life. Preference should normally be given to doctors, clinics, and hospitals that practice the sanctity of human life principles articulated in this paper. No political candidates should be supported (with money or time) who do not adhere to and practice (not merely profess) the sanctity of human life principles articulated in this paper.

God commands people to defend the weak, defenseless, innocent, and needy.^d

^a Pr 28:13; Lk 5:32; 13:3, 5; 24:47; Ac 2:38; 3:19; 17:30; 26:20; Ja 5:14–16; 2 Pt 3:9; Rv 2:21–22

^b Mt 6:12, 14f; 18:21–35

^c Pr 31:6f

^d Pr 24:11f; 31:8f; Ps 81:2–4

Recent Research

Abortion's Harm to Women

1. Sleep Disorders

In a record based study of nearly 57,000 women with no known history of sleep disorders, aborting women were nearly twice as likely to be treated for sleep disorders in the first 180 days after the pregnancy ended compared to delivering women.¹

Sleep, 2006

2. Depression

In a New Zealand study, approximately 42 percent of women who underwent abortions had experienced major depression in the last four years (nearly double the rate of women who had not been pregnant and 35 percent higher than those who carried to term). The study also found higher rates of substance abuse, anxiety disorders, and suicidal behavior among women who had abortions.²

Journal of Child Psychology and Psychiatry, 2006

3. Generalized Anxiety Disorder

Researchers compared women who had no prior history of anxiety and who had experienced a first, unintended pregnancy. Women who aborted were 30 percent more likely to subsequently report all the symptoms associated with a diagnosis for generalized anxiety disorder, compared to women who carried to term.³

Journal of Anxiety Disorders, 2005

4. Substance Abuse During Subsequent Pregnancies

A study of women who had just given birth found that compared to women who had experienced other types of pregnancy loss or had never had an abortion, women who had previously had an abortion are more likely to smoke, drink alcohol, or use marijuana, cocaine, or other illegal drugs during pregnancy.⁴

British Journal of Health Psychology, 2005

5. Death from Suicide, Accidents, and Homicides

Researchers examining deaths among the entire population of women in Finland found that those who had abortions had a 248% higher risk of death from suicide, accidents, or homicides in the following year. Suicide rates among aborting women were six times higher compared to women who gave birth and two times higher compared to women who miscarried.⁵

European Journal of Public Health, 2005

6. Child Abuse

A study comparing rates of child abuse and neglect among women with a history of pregnancy loss found that women with a history of one induced abortion were 2.4 times more likely to physically abuse their children than women who had not had an abortion. The increase in risk among women who had experienced an abortion was more significant than the increase among women who had experienced a miscarriage or stillbirth.⁶

Acta Paediatrica, 2005

7. Substance Abuse

Among women who had unintended first pregnancies, those who had abortions were more likely to report, an average of four years later, more frequent and recent use of alcohol, marijuana, and cocaine than women who gave birth. This

continued ►

is the first study to compare substance abuse rates among women who had unintended pregnancies.⁷

American Journal of Drug and Alcohol Abuse, 2004

8. Death Certificates and Medical Record Linkage

A study of medical records in Finland found that 94 percent of maternal deaths associated with abortion are not identifiable from death certificates alone. The researchers found that linking death certificates to medical records showed that the death rate associated with abortion is three times higher than that associated with childbirth.⁸

Paediatr Perinat Epidemiol, 2004

9. Coercion and Symptoms of Post-Traumatic Stress Disorder (PTSD)

In this study comparing American and Russian women who had experienced abortion, 65 percent of American women studied experienced multiple symptoms of post-traumatic stress disorder (PTSD), which they attributed to their abortions. 64 percent reported that they felt pressured by others to abort. Slightly over 14 percent reported all the symptoms necessary for a clinical diagnosis of abortion induced PTSD, and 25 percent said they did not receive adequate counseling.⁹

Medical Science Monitor, 2004

10. Long-Term Clinical Depression

Analysis of a federally funded longitudinal study of American women revealed that women who aborted were 65% more likely to be at risk of long-term clinical depression after controlling for age, race, education, marital status, history of divorce, income, and prior psychiatric state.¹⁰

Medical Science Monitor, 2003

11. Psychiatric Hospitalization

A review of the medical records of 56,741 California Medicaid patients revealed that women who had abortions were 160% more likely than delivering women to be hospitalized for psychiatric treatment in the first 90 days following abortion or delivery. Psychiatric treatment rates remained significantly higher for at least four years.¹¹

Canadian Medical Association Journal, 2003

12. Clinical Depression

Compared to women who carry their first unintended pregnancies to term, women who abort their first pregnancies are at significantly higher risk of clinical depression as measured an average of eight years after their first pregnancies.¹²

British Medical Journal, 2002

13. Outpatient Psychiatric Care

Analysis of California Medicaid records shows that women who have abortions subsequently require significantly more treatments for psychiatric illness through outpatient care.¹³

American Journal of Orthopsychiatry, 2002

14. Effect on Children

The children of women who have had abortions have less supportive home environments and more behavioral problems than those whose mothers have no history of abortion. This finding supports the view that abortion may negatively affect bonding with subsequent children, disturb mothering skills, and otherwise impact a woman's psychological stability.¹⁴

Journal of Child Psychology and Psychiatry, 2002

15. Substance Abuse During Subsequent Pregnancies

Among women delivering their first pregnancy, women with a history of abortion are five times more likely to use illicit drugs and two times more likely to use alcohol *during* their pregnancies.¹⁵

American Journal of Obstetrics and Gynecology, Dec. 2002

16. Risk of Death

Compared to women who give birth, women who abort have an elevated risk of death from all causes, which persists for at least eight years. Higher risk of death from suicide and accidents were most prominent. Projected on the national population, this effect may contribute to 2,000 - 5,000 more deaths among women each year.¹⁶

Southern Medical Journal, 2002

17. Substance Abuse

Women who abort are five times more likely to subsequently abuse drugs or alcohol than women who deliver.¹⁷

American Journal of Drug and Alcohol Abuse, 2000

For comprehensive information, including citations and links to published studies, visit www.afterabortion.org/news.

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Physical Risks

Life-Threatening Dangers of Abortion

Higher death risk, up to 7 times higher suicide

Compared to pregnant women who had their babies, pregnant women who aborted were ...

- **3.5 times more likely to die in the following year**
- **1.6 times more likely to die of natural causes**
- **6-7 times more likely to die of suicide**
- **14 times more likely to die from homicide**
- **4 times more likely to die of injuries related to accidents¹**

Causes of death within a week — The leading causes of abortion-related maternal deaths within a week of abortion are hemorrhage, infection, embolism, anesthesia complications, and undiagnosed ectopic pregnancies.²

Cancer — Significantly increased risk of breast cancer, cervical cancer, and lung cancer (probably due to heavier smoking patterns after abortion).³

Immediate complications — About 10% suffer immediate complications; one-fifth are life-threatening:⁴

- hemorrhage
- cervical injury
- convulsions
- endotoxic shock
- infection
- embolism
- chronic abdominal pain
- second-degree burns
- ripped or perforated uterus
- anesthesia complications
- cervical injury
- Rh sensitization

31% suffer health complications— A recent study published in a major medical journal found that 31% of American women surveyed who had undergone abortions had health complications.⁵

80%-180% increase in doctor visits — Based on health care sought before and after abortion. On average, there is an 80% increase in doctor visits and a 180% increase in doctor visits for psychosocial reasons after abortion.⁶

Self-destructive lifestyles, spiraling health problems — Increased risk of promiscuity, smoking, drug abuse, and eating disorders, which all put the woman at increased risk for other health problems.⁷

Infertility and life-threatening reproductive risks

Abortion puts women at risk of Pelvic Inflammatory Disease (PID), a serious, life-threatening disease and a major direct cause of infertility. PID also increases the risk of ectopic pregnancies, which can reduce fertility and are potentially fatal.⁸ The risk of placenta previa in subsequent pregnancies, a life-threatening condition for both mother and baby, is 7-15 times higher.⁹ Overall, abortion puts women at a significantly increased risk of subsequent ectopic pregnancies.¹⁰

Teens Face Higher Risk, 10 Times More Likely to Attempt Suicide

Teens 10 times more likely to attempt suicide -- Teenage girls are 10 times more likely to attempt suicide if they have had an abortion in the last 6 months than are teens who have not had an abortion.¹¹

continued ►

Reproductive damage and other complications — Compared to teenagers who give birth, teenagers who abort are generally at higher risk of immediate complications and long-term reproductive damage related to their abortions than are older women.¹²

Higher risk of PID, 2.5 times higher risk of endometritis (a major cause of maternal death in future pregnancies)

— Teens are at higher risk for dangerous infections such as pelvic inflammatory disease and endometritis after abortion. These infections increase their risk of infertility, hysterectomy, ectopic pregnancy, and other serious complications.¹³

Overview of reproductive complications and problems with subsequent deliveries

Pelvic Inflammatory Disease — Abortion puts women at risk of Pelvic Inflammatory Disease (PID) is a serious, life-threatening disease and a major direct cause of infertility. PID also increases risk of ectopic pregnancies. Studies have found that approximately one-fourth of women who have a chlamydia infection at the time of their abortion and 5% of women who don't have chlamydia will develop PID within four weeks after the abortion.⁸

Placenta Previa — After abortion, there is a seven- to 15-fold increase in placenta previa in subsequent pregnancies (a life-threatening condition for both the mother and her wanted pregnancy). Abnormal development of the placenta due to uterine damage increases the risk of birth defects, stillbirth, and excessive bleeding during labor.⁹

Ectopic Pregnancy — Post-abortive women have a significantly increased risk of subsequent ectopic pregnancies,¹⁰ which are life threatening and may result in reduced fertility.

Endometritis, a Major Cause of Death — Abortion can result in for endometritis, which can lead to hospitalization and infertility problems. It is a major cause of maternal death during pregnancy.¹⁴

Women who abort twice as likely to have pre-term or post-term deliveries.¹⁵

- Women who had one, two, or more previous induced abortions are, respectively, 1.89, 2.66, or 2.03 times more likely to have a subsequent pre-term delivery, compared to women who carry to term. Pre-term delivery increases the risk of neonatal death and handicaps. The average hospital charge from delivery to discharge for a premature birth is \$58,000, compared to \$4,300 for a full-term birth.
- Women who had one, two, or more induced abortions are, respectively, 1.89, 2.61, and 2.23 times more likely to have a post-term delivery (over 42 weeks).

Death or disability of newborns in later pregnancies — Cervical and uterine damage may increase the risk of premature delivery, complications of labor, and abnormal development of the placenta in later pregnancies.¹⁶ These complications are the leading causes of disabilities among newborns.

AfterAbortion.org/news

For more information on this research, including links to some of the published studies, visit www.afterabortion.org/news.

Detrimental Effects -- Quick-Reference Summary of Available Research

Additional research summaries are available in the book “Detrimental Effects of Abortion: An Annotated Bibliography with Commentary,” edited by Thomas W. Strahan. To order, call **Acorn Books: 1-888-412-2676**.

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Suicide

- **6-7 times higher suicide rate.** Two national from Finland based on medical records revealed that aborting women were six-seven times more likely to commit suicide in the following year than were delivering women.¹
- **Up to 60% have suicidal thoughts.** According to a recent study in a major scientific journal, 31% had thoughts of suicide after abortion. In another survey, approximately 60% of women with post-abortion problems reported suicidal thoughts, with 28% attempting suicide and half of those attempting suicide two or more times.²
- **154% higher risk of suicide.** Another study of more than 173,000 American women who had abortions or carried to term found that, during the eight years after the pregnancy ended, women who aborted had a 154% higher risk of suicide than women who carried to term.³

Depression

- **65% higher risk of clinical depression.** A longitudinal study of American women revealed that those who aborted were 65% more likely to be at risk of long-term clinical depression after controlling for age, race, education, marital status, history of divorce, income, and prior psychiatric state.⁴
- **Depression risk remained high, even when pregnancies were unplanned.** Among a national sample of women with unintended first pregnancies, aborting women were at significantly higher risk of long-term clinical depression compared to delivering women.⁵

Trauma

- **65% report symptoms of post-traumatic stress.** In a study of U.S. and Russian women who had abortions, 65% of U.S. women experienced multiple symptoms of post-traumatic stress disorder (PTSD), which they attributed to their abortions. Slightly over 14% reported all the symptoms necessary for a clinical diagnosis of abortion-induced PTSD, and 25% said they did not receive adequate counseling. 64% said they felt pressured by others to abort.⁶
- **60% said they felt “part of me died.”** In the above study, 60% of American women reported that they felt “part of me died” after their abortions.⁶
- **Twice as likely to be hospitalized.** Compared to women who deliver, women who abort are more than twice as likely to be subsequently hospitalized for psychiatric illness within six months.⁷
- **More outpatient psychiatric care.** Analysis of California Medicaid records shows that women who have abortions subsequently require significantly more treatments for psychiatric illness through outpatient care.⁸
- **Multiple disorders and regrets.** A study of post-abortion patients only 8 weeks after their abortions found that 44% reported nervous disorders, 36% experienced sleep disturbances, 31% had regrets about their decision, and 11% had been prescribed psychotropic medicine by their family doctor.⁹
- **Generalized anxiety disorder.** Among women with no previous history of anxiety, women who aborted a first, unplanned pregnancy were 30% more likely to subsequently report all the symptoms associated with a diagnosis for generalized anxiety disorder, compared to women who carried to term.¹⁰

continued ►

- **Sleep disorders.** In a study of women with no known history of sleep disorders, women were more likely to be treated for sleep disorders after having an abortion compared to giving birth (nearly twice as likely in the first 180 days afterwards). Numerous studies have shown that trauma victims often experience sleep difficulties.¹¹
- **Disorders not pre-existing.** In a New Zealand study, women had higher rates of suicidal behavior, depression, anxiety, substance abuse, and other disorders after abortion. The study found that these were not pre-existing problems.¹²

Eating disorders & substance abuse

- **39% had eating disorders.** In a survey of women with post-abortion problems, 39% reported subsequent eating disorders.¹³
- **Five-fold higher risk of drug and alcohol abuse.** Excluding women with a prior history of substance abuse, those who abort their first pregnancy are five times more likely to report subsequent drug and alcohol abuse vs. those who give birth.¹⁴
- **Substance abuse during subsequent pregnancies.** Among women giving birth for the first time, women with a history of abortion are five times more likely to use drugs, twice as likely to use alcohol, and ten times more likely to use marijuana *during* their pregnancy, compared to women who have not had an abortion.¹⁵
- **Alcohol abuse linked to other problems.** Alcohol abuse after abortion has been linked to violent behavior, divorce or separation, auto accidents, and job loss.¹⁶

Coercion, guilt, repressed grief

- **Coerced to violate their beliefs, values and conscience.** The “decision” to abort is often based on the demands or threats of others — even when it violates the woman’s own moral beliefs and desire to keep the baby.¹⁷ This is a known risk factor for psychological complications after abortion.¹⁸
- **64% of abortions involve coercion.** A recent study of women who had abortions found that 64% of American women reported that they felt pressured by others to abort.⁶
- **Common negative reactions.** In a survey of women reporting post-abortion problems, 80% experienced guilt, 83% regret, 79% loss, 62% anger and 70% depression.²
- **Forbidden grief.** After abortion, societal expectation, personal shame and public and professional denial result in repressed grief, causing serious consequences including clinical depression, eating disorders, self-destructive lifestyles and suicide.¹⁹

Divorce and chronic relationship problems

- **Women with a history of abortion are significantly more likely to subsequently have shorter relationships and more divorces.** This may be due to lowered self-esteem, greater distrust of males, sexual dysfunction, substance abuse, and increased levels of depression, anxiety, and volatile anger.²⁰
- **More poverty and single parenthood after repeat abortions.** Women who have more than one abortion (nearly half of those seeking abortions each year)²¹ are more likely to become single parents and to require public assistance.²⁰
- **30 to 50% of post-abortive women report experiencing sexual dysfunctions** such as promiscuity, loss of pleasure from intercourse, increased pain, and aversion to sex and/or men.²²

Not counseled before or after the abortion, many wanted alternatives

In a study of American and Russian women who experienced abortion:

- 67% of American women reported that they received no counseling beforehand

- 84% reported they received inadequate counseling beforehand
- 79% were not counseled about alternatives
- 54% were not sure about their decision at the time.⁶

Unresolved trauma and child abuse

- **144 % more likely to abuse their children.** One study found that women with a history of induced abortion were 144% more likely to physically abuse their children than women who had not had an abortion.²³
- **Child abuse linked to unresolved trauma.** Abortion is linked with increased violent behavior, alcohol and drug abuse, replacement pregnancies, depression, and poor maternal bonding with later children. These factors are closely associated with child abuse and would appear to confirm a link between unresolved post-abortion trauma and subsequent child abuse.²⁴

Repeat abortions, self-punishment and risk factors

- **48% of aborting women have had a previous abortion.**²¹ Women who have had an abortion are 4 times more likely to abort a current pregnancy than those with no prior abortion history.²⁰ This may reflect aspects of self-punishment.²⁵
- **Studies have identified factors that put women at risk for negative reactions to abortion,** including feeling pressured into unwanted abortions, lack of support, being more religious, prior emotional or psychological problems, adolescence, being unsure of her decision, and receiving little or no counseling prior to abortion. An analysis of 63 medical studies that identify risk factors concluded that the number of women suffering from negative emotional reactions could be dramatically reduced if abortion clinics screened women for these risk factors.¹⁸

To learn more, see **Forbidden Grief: The Unspoken Pain of Abortion.** To order, call: **Acorn Books: 1-888-412-2676.**

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