

Posttraumatic Stress Disorder After Abortion

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Research shows that a high percentage of women are likely to have some symptoms of posttraumatic stress after abortion. Even those having only some symptoms but not meeting all criteria may still experience significant distress. They will continue to remain at risk for developing full criteria posttraumatic stress disorder when exposed to other stresses later in life. Those who develop posttraumatic stress disorder often have symptoms that are very long-term, and this disorder is a predictor of poor general health. Comparisons with other groups give an indication of the magnitude of the stress that many women experience from abortion.

Post-abortive women have higher trauma scores compared to women in a battered women's shelter.¹

American and Russian women who had experienced abortion in their past were studied regarding effects of abortion. On a test to measure the effects of trauma, the Traumatic Stress Institute's (TSI) Belief Scale was used. In a study of battered women, the average (mean) score was 242, and in a population of outpatient mental health patients, the score was 244. For U.S. women who had aborted, the average score was 260, and for Russian women who had aborted, the average score was 276.

65% Experience Multiple Symptoms of Posttraumatic Stress after Abortion.² In the above study of post-abortive women, 65% of the American women were found to have multiple symptoms of post-traumatic stress disorder. 14.3% of the American women reported all the symptoms necessary for the diagnosis of post-traumatic stress disorder. In another study, 19% of post-abortive women met diagnostic criteria for post-traumatic stress disorder, with about half the women having many, but not all, the symptoms.³

Post-traumatic stress disorder prevalence in other groups: To help understand the meaning of these numbers, it may help to look at the prevalence of posttraumatic stress disorder in other populations. "The most recent National Comorbidity Survey Report, published in 2005 on a newer sample, estimated lifetime prevalence of PTSD among adult Americans at 6.8%."⁴

The United States Department of Veteran's Affairs, reporting on The National Vietnam Veterans Readjustment Survey, says that 15.2% of all male Vietnam veterans and 8.1% of all female Vietnam veterans received diagnoses of Posttraumatic Stress Disorder at the time of the Survey (1986-88).⁵ This study found "an additional 22.5% of men and 21.2% of women have had partial Posttraumatic Stress Disorder at some point in their lives." Those with "partial post-traumatic stress disorder" are considered to have experienced "clinically serious stress reaction symptoms" even though not meeting all the diagnostic criteria.

All trauma is cumulative—each new stress continues to add to the burden of trauma carried by a person. If a person has some symptoms of trauma but not enough to meet diagnostic criteria for posttraumatic stress disorder, later additional trauma may cause symptoms to worsen or new symptoms to develop so that the person later meets criteria for diagnosis. One report stated that it is "probable that any individual could develop posttraumatic stress disorder regardless of other risk-factors once the trauma load reaches a certain threshold."⁶ Another report concluded, "Cumulative trauma continued to affect psychiatric symptom levels a decade after the original trauma events."⁷

Effects of trauma are often very long-lasting. An important study of posttraumatic stress in the general population (The National Comorbidity Study) showed that "more than one third of people with posttraumatic stress disorder fail to recover even after many years."⁸

Posttraumatic stress disorder is predictive of poor health. This was the conclusion in a study that controlled for a "wide range of variables predictive of poor health."⁹

Types of symptoms and some examples:

1) **Re-experiencing the trauma:** Trauma may be re-experienced by distressing dreams, distressing memories, or experiencing intense distress when encountering anything that reminds the person of the trauma.¹⁰ A woman experiencing post-traumatic stress after an abortion may experience severe anxiety when she is around a pregnant woman or a newborn baby since these can be reminders of the abortion.¹¹

2) **Increased arousal:** There is increased arousal so that sleep may be disturbed.¹² A large study of 57,000 women with no known history of sleep problems showed that women were more likely to be treated for sleep disorders after having an abortion compared to giving birth. Those women who had abortions were almost twice as likely to be treated for sleep disorders in the first six months after the pregnancy ended compared to women who continued the pregnancy and gave birth. Many studies show that trauma victims experience sleep difficulties.¹³

The diagnostic manual lists other symptoms of arousal including irritability or anger outbursts.¹⁴ This may explain why women with a past abortion have higher risk of child abuse and domestic violence.^{15,16,17,18,19}

3) **Avoidance** may take the form of efforts to avoid activities, places or people that may cause people to remember the trauma.²⁰ If a particular type of music was playing during a woman's abortion, she may want to avoid that type of music. Or she may avoid going for routine gynecological care because the thought of the examination may make her remember the abortion. Many women have reported avoiding babies or pregnant women. A woman whose story is told in *Forbidden Grief* stated she had quit a job she liked because she could not bear to be around a pregnant co-worker because of the pregnancy.²¹

Other forms of avoidance can involve shutting down the emotions ("restricted range of affect")²² which may affect marital or family relationships if the woman is not able to feel loving feelings.²³

There may also be an effort to avoid thoughts or feelings connected to the trauma. Dr. Coleman suggests, "Alcohol and drugs, which are readily accessible in our society, may be used as a means for effectively suppressing or blunting painful memories."²⁴

Strong link between posttraumatic stress disorder and substance abuse shown in many studies:

In a review article, Dr. Priscilla Coleman writes: "There is strong evidence for an association between PTSD and substance use disorders."^{25,26,27,28,29,30} "A general population study published in 1995 revealed a 7.6% lifetime rate of drug abuse or dependence for women without a history of PTSD and 26.9% lifetime rate of drug abuse or dependence among women with a history of PTSD. Recent research has indicated that the onset of PTSD typically precedes the onset of substance use disorders, suggesting a causal relation."^{30,31} "In a study of over 1000 young adults, Chilcoat and Breslau found that PTSD was associated with a more than 4-fold increased risk of drug abuse and dependence 3 to 5 years after an initial assessment."³² "The authors suggested that drug abuse or dependence in persons with PTSD might be a result of their efforts to self-medicate."

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