

ABORTION HEALTH ISSUES New Frontier in Health Care

September 2011

Keli Lane – The Untold Story

The public contempt that the prosecution has whipped up against Keli Lane would be better directed towards our medical profession and its failure to respond to the needs of women and men suffering because of their abortion experience.

Keli Lane's replacement pregnancies following her first abortion, heavy drinking, and partying lifestyle fit the profile of a woman struggling with unresolved abortion grief/trauma.

Consciously or subconsciously, many women deliberately get pregnant again after an abortion as a form of self therapy.

The re-enactment of a traumatic experience in order to overcome or understand it, is a concept that most mental health professionals are familiar with.

However, as stated by one doctor, 'to speak of abortion trauma is professional suicide', and most doctors have no training in identification, early intervention, healing or prevention of abortion trauma.

The extent of the replacement pregnancy phenomenon can be seen in the repeat abortion statistics. Studies suggest around 18% to 25% of women are pregnant again within 12 months of aborting, only half of whom will carry the pregnancy to term. Australia has a repeat abortion rate of 37%.

Around the time of Keli's first abortion, statistics show that of the teenagers who aborted, a fifth - like Keli - repeated their abortion experience again before the age of twenty.

The fact that Keli carried three pregnancies to term after her abortions, knowing she was unable to keep these children, is an indication of a struggle with enormous grief.

With historic parallels to post traumatic stress disorder (PTSD) and child sexual abuse, abortion trauma is an unsustainable diagnosis in the current political climate.

Neither PTSD or child sexual abuse were new traumas, but it took a social movement in conjunction with health professionals willing to explore and advocate for them, before these traumas were accepted.

With varying levels of severity, abortion trauma typically has



Keli Lane, convicted for murdering her daughter Tegan, was sentenced to 18 years jail Photo Courdesy: The Sydney Momina Herald

Research Update...

The British Journal of Psychiatry meta-analysis of 0.9 million women

Found:

- Abortion nearly doubles the risk of mental health problems
- 10% of mental illness in women can be attributed to abortion

See overleaf

a delayed presentation and often manifests as a cocktail of self destructive behaviours, relationship problems and mental health issues. The cardinal features are denial and suppression, meaning most sufferers do not consciously connect their problems with the abortion(s).

Self-medicating' with alcohol and drugs are typical maladaptive coping mechanisms for both women and men. There are now 25 published studies, including ground breaking Australian research, linking abortion to substance abuse in women.

10% of Mental Illness in Women Attributed to Abortion



Priscilla Coleman is Professor of Human Development and Family Studies at Bowling Green State University

Tracking the outcomes of 877,181 women, 18.7% of whom had experienced abortion, Professor Priscilla Coleman found abortion almost doubled the risk of mental illness and 'nearly 10% of the incidence of mental health problems was shown to be attributed to abortion'.

Published in this month's issue of **The British Journal of Psychiatry**, Coleman's meta-analysis of 22 of the better designed studies published between 1995-2009, found an overall 81% increased risk of mental health problems associated with abortion.

Specifically, abortion increased the risk of:

- Suicidal behavior by 155% \geq
- ≻ Anxiety disorders by 34% ⊳
 - Depression by 37%
- ≻ Alcohol use/abuse by 110%
- ≻ Marijuana use/abuse by 220%

When compared with women who delivered, the mental health risk was more pronounced, 138%. Even comparing women who carried 'unintended pregnancy' to term, the risk increase was 55% for women who aborted.

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In 2008, Queensland researchers reported in The British Journal of Psychiatry that the binge drinking rate doubled and the abuse of hard drugs increased by 3.6 times among young women who aborted.

One of the saddest aspects women describe about the trauma is its impact on their ability to mother. Some say they no longer trust themselves or feel worthy to mother and relinquish the care of their children to others, not always in the best of circumstances.

Unfortunately at this point in time, those like Keli, who act out their abortion trauma in socially unprescribed ways, can expect humiliation and harsh judgment, rather than the professional care they need.

Research consistently links repeat abortions with disintegrating mental health, dysfunctional relationships and welfare dependency in women. With an estimated annual abortion rate of 90,000, each year 33,000 Australian women are exposed to repeat abortions.

Abortion trauma is creating an underclass of dysfunctional mothers struggling to raise children in a society that has little patience or sympathy for their plight. Untreated it has a tendency to be trans-generational.

Politically powerless and isolated, these mothers have little hope of accessing the recognition, support or the professional help they need.

The Crown's psychiatrist recognition of Keli's first abortion as the primary instigator of later 'serial pregnancies', was poignant. Yet, consistent with the profession's lack of accountability in the area of abortion trauma, its failure towards young women like Keli in promoting early intervention, healing or prevention, was ignored.

Keli's actions demonstrate her to be an assertive, capable young woman, able to plan and follow through. In the case of her daughter Tegan she had six months to avail herself of an abortion and knew exactly how to obtain one.

Waiting until the child was born to rid herself of the burden of motherhood, as asserted by the prosecution, does not make sense.

That she consciously chose against abortion at great personal cost, not once, twice, but three times is more a testimony of courage, love and of a young woman's struggle to work through very deep wounds.



Abortion Grief Australia Inc. Address: PO Box 904, Canning Bridge WA 6153 T. 08 9313 1784 Abortion Grief & Pregnancy Crisis Help Line: 1300 363 550. Men & Abortion Trauma Help Line: 1300 887 066 AGA is a tax deductible charity