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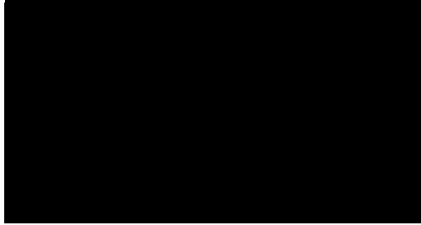
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Submission to Abortion Law Reform Amendment Bill 2016 Inquiry by Parliamentary Committee.

By DR Timothy Coyle MBBS, DObsRCOG



I am a GP in Cairns where I have practised for 36 years. I have been a qualified doctor for 45 years. My observations are based on this experience of seeing many patients as a GP.

Let me say initially that the notes of the tabled bill as placed on the Qld Parliamentary website are heavily weighted in favour of abortion, statements to support deregulation are made without verification, and have been obviously dictated by abortionists who want free access to abortion for any reason up to term or birth. **The vast majority of Queenslanders view this as infanticide.** Abortionists have lost moral objectivity by a process of habituation to killing the unborn and a unipolar focus on womens' rights.

- The current situation works well, the statutory Qld law as interpreted by Judge Maguire in 1986.(there is a defence from criminal responsibility for performing in good faith and with reasonable care and skill a surgical operation on an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable.) The 2009 Amendment Act included chemical abortion. The Tegan Leach case was a bizarre one off, possibly contrived to bring about law change. Abortionists have to get used to the idea that like everybody else they are subject to regulation and have to remain within the law.
- Human Life is deserving of protection, unborn humans are vulnerable, hence Statutory law to protect human life. Since abortionists wish to do abortions up to term for any reason they must be **subject to regulation.**
- Once formed, the child's rights become compelling, overriding perceived rights of other parties.

Abortion has a multitude of after effects- see below. Hence the need to ensure proper pre abortion counselling. The fact that patients leave clinics or do not enter if approached by outside counsellors means that they should never have been there and had not been properly counselled in the first place.

Abortionists should be regulated to follow up their patients for 5 years after the abortion because of the after effects as listed below with references.

- My experience of abortion in so called safe clinics over 45 years of practice includes the physical after effects of dangerous haemorrhage, perforated uterus, and retained products appearing days after the abortion, such as foetal heads. Forced or coerced abortions, by so called caring parents and doctors, on adolescents causing life long psychiatric morbidity. Lifelong unexplained melancholia, depression and anxiety. Most mental health care plans are done for women.
- After effects of abortion as documented:

The Physical Complications of Abortion

National statistics on abortion show that 10% of women undergoing induced abortion suffer from immediate complications, of which one-fifth (20%) were considered major.[2] [3]

Over one hundred potential complications have been associated with induced abortion. "Minor" complications include: minor infections, bleeding, fevers, chronic abdominal pain, gastro-intestinal disturbances, vomiting, and Rh sensitization. The nine most common "major" complications are infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury, and endotoxic shock.[4]

In a series of 1,182 abortions which occurred under closely regulated hospital conditions, 27 percent of the patients acquired post-abortion infection lasting 3 days or longer. [5]

While the immediate complications of abortion are usually treatable, these complications frequently lead to long-term reproductive damage of much more serious nature.

For example, one possible outcome of abortion related infections is sterility.

Researchers have reported that 3 to 5 percent of aborted women are left inadvertently sterile as a result of the operation's latent morbidity. [6] [4] The risk of sterility is even greater for women who are infected with a venereal disease at the time of the abortion. [7]

In addition to the risk of sterility, women who acquire post-abortal infections are five to eight times more likely to experience ectopic pregnancies. [8] [9] Between 1970-1983, the rate of ectopic pregnancies in USA has risen 4 fold. [10] Twelve percent of all maternal deaths due to ectopic pregnancy. [11] Other countries which have legalized abortion have seen the same dramatic increase in ectopic pregnancies. [12] [7]

Cervical damage is another leading cause of long term complications following abortion. Normally the cervix is rigid and tightly closed. In order to perform an abortion, the cervix must be stretched open with a great deal of force. During this forced dilation there is almost always caused microscopic tearing of the cervix muscles and occasionally severe ripping of the uterine wall, as well.

According to one hospital study, 12.5% of first trimester abortions required stitching for cervical lacerations. [13] Such attention to detail is not normally provided at an outpatient abortion clinic. Another study found that lacerations occurred in 22 percent of aborted women. [14] Women under 17 have been found to face twice the normal risk of suffering cervical damage due to the fact that their cervixes are still "green" and developing. [15] [16]

Whether microscopic or macroscopic in nature, the cervical damage which results during abortion frequently results in a permanent weakening of the cervix. This weakening may result in an "incompetent cervix" which, unable to carry the weight of a later "wanted" pregnancy, opens prematurely, resulting in miscarriage or premature birth. According to one study, symptoms related to cervical incompetence were found among 75% of women who undergo forced dilation for abortion. [17]

Cervical damage from previously induced abortions increases the risk of miscarriage, premature birth, and complications of labor during later pregnancies by

300 - 500 percent.[18] [19] [20] [6] The reproductive risks of abortion are especially acute for women who abort their first pregnancies. A major study of first pregnancy abortions found that 48% of women experienced abortion-related complications in later pregnancies. Women in this group experienced 2.3 miscarriages for every one live birth. [20] Yet another researcher found that among teenagers who aborted their first pregnancies, 66% subsequently experienced miscarriages or premature birth of their second, "wanted" pregnancies. [21]

When the risks of increased pregnancy loss are projected on the population as a whole, it is estimated that aborted women lose 100,000 "wanted" pregnancies each year because of latent abortion morbidity. [4] In addition, premature births, complications of labor, and abnormal development of the placenta, all of which can result from latent abortion morbidity, are leading causes of handicaps among newborns. [22] Looking at premature deliveries alone, it is estimated that latent abortion morbidity results in 3000 cases of acquired cerebral palsy among newborns each year. [4] [6] Finally, since these pregnancy problems pose a threat to the health of the mothers too, women who have had abortions face a 58 percent greater risk of dying during a later pregnancy. [4]

The Psychological Effects of Abortion

Researchers investigating post-abortion reactions report only one positive emotion: relief. This emotion is understandable, especially in light of the fact that the majority of aborting women report feeling under intense pressure to "get it over with." [4] [23] Temporary feelings of relief are frequently followed by a period psychiatrists identify as emotional "paralysis," or post-abortion "numbness." [24] Like shell-shocked soldiers, these aborted women are unable to express or even feel their own emotions. Their focus is primarily on having survived the ordeal, and they are at least temporarily out of touch with their feelings.

Studies within the first few weeks after the abortion have found that between 40 and 60 percent of women questioned report negative reactions. [4] [25] [26] Within 8 weeks

after their abortions, 55% expressed guilt, 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. [25]

In one study of 500 aborted women, researchers found that 50 percent expressed negative feelings, and up to 10 percent were classified as having developed "serious psychiatric complications." [27]

Thirty to fifty percent of aborted women report experiencing sexual dysfunctions, of both short and long duration, beginning immediately after their abortions. [4] [23]

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.

Up to 33 percent of aborted women develop an intense longing to become pregnant again in order to "make up" for the lost pregnancy, with 18 percent succeeding within one year of the abortion. [4] [28] [29] Unfortunately, many women who succeed at obtaining their "wanted" replacement pregnancies discover that the same problems which pressured them into having their first abortion still exist, and so they end up feeling "forced" into yet another abortion.

In a study of teenage abortion patients, half suffered a worsening of psychosocial functioning within 7 months after the abortion. The immediate impact appeared to be greatest on the patients who were under 17 years of age and for those with previous psychosocial problems. Symptoms included: self-reproach, depression, social regression, withdrawal, obsession with need to become pregnant again, and hasty marriages. [29]

The best available data indicates that on average there is a five to ten year period of denial during which a woman who was traumatized by her abortion will repress her feelings. [4] [30] During this time, the woman may go to great lengths to avoid people, situations, or events which she associates with her abortion and she may even become vocally defensive of abortion in order to convince others, and herself, that she made the right choice and is satisfied with the outcome. In reality, these women

who are subsequently identified as having been severely traumatized, have failed to reach a true state of "closure" with regard to their experiences.

Repressed feelings of any sort can result in psychological and behavioral difficulties which exhibit themselves in other areas of one's life. An increasing number of counselors are reporting 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. [31] [32]

Other women who would otherwise appear to have been satisfied with their abortion experience, are reported to enter into emotional crisis decades later with the onset of menopause or after their youngest child leaves home. [33] [34]

Numerous researchers have reported that post-abortion crises are often precipitated by the anniversary date of the abortion or the unachieved "due date." [4] [29] These emotional crises may appear to be inexplicable and short-lived, occurring for many years until a connection is finally established during counseling sessions.

A 5 year retrospective study in two Canadian provinces found that 25% of aborted women made visits to psychiatrists as compared to 3% of the control group. [35]

Women who have undergone post-abortion counseling report over 100 major reactions to abortion. Among the most frequently reported are: depression, loss of self-esteem, self-destructive behavior, sleep disorders, memory loss, sexual dysfunction, chronic problems with relationships, dramatic personality changes, anxiety attacks, guilt and remorse, difficulty grieving, increased tendency toward violence, chronic crying, difficulty concentrating, flashbacks, loss of interest in previously enjoyed activities and people, and difficulty bonding with later children. [4] [30]

Among the most worrisome of these reactions is the increase of self-destructive behavior among aborted women. In a survey of over 100 women who had suffered from post-abortion trauma, fully 80 percent expressed feelings of "self-hatred." In the same study, 49 percent reported drug abuse and 39 percent began to use or increased their use of alcohol. Approximately 14 percent described themselves as having become "addicted" or "alcoholic" after their abortions. In addition, 60 percent

reported suicidal ideation, with 28 percent actually attempting suicide, of which half attempted suicide two or more times. [30]

References

1. ^ United States Supreme Court, *Roe v. Wade*, U.S. Reports, October Term, 1972, pp. 149, 163.
2. ^ Frank, et.al., "Induced Abortion Operations and Their Early Sequelae", *Journal of the Royal College of General Practitioners* (April 1985), vol. 35, no. 73, pp. 175-180.
3. ^ Grimes and Cates, "Abortion: Methods and Complications", *Human Reproduction*, 2nd ed., pp. 796-813.
4. ^ Reardon, *Aborted Women-Silent No More*, Chicago: Loyola University Press, 1987.
5. ^ Stallworthy, "Legal Abortion, A Critical Assessment of Its Risks", *The Lancet* (December 4, 1971), pp. 1245-1249.
6. ^ Wynn and Wynn, "Some Consequences of Induced Abortion to Children Born Subsequently", *British Medical Journal* (March 3, 1973), and *Foundation for Education and Research in Child Bearing* (London, 1972).
7. ^ Wilke, *Abortion: Questions and Answers*, Cincinnati, Hayes Publishing Co., 1985.
8. ^ Chung, et.al. *Effects of Induced Abortion on Subsequent Reproductive Function and Pregnancy Outcome*, University of Hawaii (Honolulu, 1981).
9. ^ Levin, et.al., "Ectopic Pregnancy and Prior Induced Abortion", *American Journal of Public Health* (1982), vol. 72, p. 253.
10. ^ Atrash, et.al., "Ectopic Pregnancy in the United States, 1970-1983," *MMRW*, Center for Disease Control, vol. 35, no. 29.
11. ^ "Annual Ectopic Totals Rose Steadily in 1970's But Mortality Fell", *Family Planning Perspectives* (1983) vol. 15, p. 85.
12. ^ Hilgers, "The Medical Hazards of Legally Induced Abortion," in Hilgers and Horan, eds., *Abortion and Social Justice*(New York: Sheed and Ward, 1972).
13. ^ Wilke, *Handbook on Abortion*, Cincinnati, Hayes Publishing Co., 1979.
14. ^ "Abortion in Hawaii", *Family Planning Perspectives* (Winter 1973), 5(1): Table 8.
15. ^ Schulz, et.al., "Measures to Prevent Cervical Injury During Suction Curettage Abortion", *The Lancet* (May 28, 1983), pp.1182-1184.
16. ^ Wadhwa, "Legal Abortion Among Teens, 1974-1978", *Canadian Medical Association Journal* (June 1980), vol.122, pp.1386-1389.

17. ^ Wren, "Cervical Incompetence—Aetiology and Management", *Medical Journal of Australia* (December 29, 1973), vol. 60.
18. ^ Harlap and Davies, "Late Sequelae of Induced Abortion: Complications and Outcome of Pregnancy and Labor", *American Journal of Epidemiology* (1975), vol.102, no.3.
19. ^ Hogue, "Impact of Abortion on Subsequent Fecundity", *Clinics in Obstetrics and Gynaecology* (March 1986), vol.13,no.1.
20. ^ Lembrych, "Fertility Problems Following Aborted First Pregnancy", eds. Hilgers, et.al., *New Perspectives on Human Abortion* (Frederick, Md.: University Publications of America, 1981).
21. ^ Russel, "Sexual Activity and Its Consequences in the Teenager", *Clinics in Ob&Gyn*, (Dec. 1974). vol. 1, no. 3, pp. 683-698.
22. ^ Hogue, Cates and Tietze, "Impact of Vacuum Aspiration Abortion on Future Childbearing: A Review", *Family Planning Perspectives* (May-June 1983), vol. 15, no. 3
23. ^ Francke, *The Ambivalence of Abortion* (New York: Random House, 1978).
24. ^ Kent, et.al., "Emotional Sequelae of Therapeutic Abortion: A Comparative Study", presented at the annual meeting of the Canadian Psychiatric Association at Saskatoon, Sept. 1977.
25. ^ Ashton, "The Psychosocial Outcome of Induced Abortion", *British Journal of Ob&Gyn*. (1980), vol. 87, pp. 1115-1122.
26. ^ Zimmerman, *Passage Through Abortion*, New York: Praeger Publishers, 1977.
27. ^ Friedman, et.al., "The Decision-Making Process and the Outcome of Therapeutic Abortion", *American Journal of Psychiatry* (December 12, 1974), vol. 131,pp. 1332-1337.
28. ^ Pare and Raven, "Follow-up of Patients Referred for Termination of Pregnancy", *The Lancet* (1970), vol.1, pp. 635-638.
29. ^ Wallerstein, et.al., "Psychosocial Sequelae of Therapeutic Abortion in Young Unmarried Women", *Archives of General Psychiatry* (1972), vol. 27.
30. ^ Reardon, "Criteria for the Identification of High Risk Abortion Patients: Analysis of An In-Depth Survey of 100 Aborted Women", Presented at the 1987 Paper Session of the Association for Interdisciplinary Research, Denver.
31. ^ Heath, "Psychiatry and Abortion", *Canadian Psychiatric Association Journal* (1971), vol. 16, pp. 55-63.
32. ^ Kent, et al., "Bereavement in Post-Abortive Women: A Clinical Report", *World Journal of Psychosynthesis* (Autumn-Winter 1981), vol. 13, nos. 3-4.
33. ^ Cavenar, et.al., "Psychiatric Sequelae of Therapeutic Abortions", *North Carolina Medical Journal* (1978), vol.39.
34. ^ Mattinson, "The Effects of Abortion on a Marriage", 1985. *Abortion: Medical Progress and Social Implications*, (Ciba Foundation Symposium, London: Pitman, 1985).

35. ^ Badgley, et.al., "Report of the Committee on the Operation of the Abortion Law", (Ottawa: Supply and Services, 1977) pp. 313-321.

Testimony of previous abortion worker Abbey Johnson:

Abortion advocates frequently portray themselves as altruistic defenders of women's rights and dignity. The reality of the abortion industry is much more sordid, as revealed in a recent book detailing the experiences of former abortion clinic workers.

Abby Johnson, a former clinic director for Planned Parenthood in Texas has with the help of pro-lifer Kristan Detrow collected the inside

stories of many individuals who saw first-hand how women's needs were too often put behind corporate priorities and profits.

Johnson, Planned Parenthood's Employee of the Year for 2008, previously related her rejection of abortion and embrace of the pro-life movement in her book "Unplanned." Now, in "The Walls Are Talking: Former Abortion Clinic Workers Tell Their Stories," (Ignatius Press), she has revealed some of the harrowing experiences of those directly involved in abortion.

The book takes its title as an answer to the 1996 TV movie "If These Walls Could Talk," which Abby described as "propaganda at its finest" in its advocacy for abortion rights.

In her introduction to the testimonies Abby described how she continues to "continually grapple with guilt, shame, and the

heaviness of regret,” regarding her previous involvement with helping provide abortions.

Abby also admitted to having had two abortions herself. In fact, one of the book’s testimonies said that around 70% of Planned Parenthood employees had experienced an abortion.

As a result she declared her desire to inform people about the darker side of abortion clinics. “I want them to know the truth about what it does to men, women, and babies. That is the heart and soul of this book,” Abby declared.

With the help of this book: “I pray that babies will be saved, women will be deterred from making such a hopeless choice, and men will encourage and support their partners to choose life,” Abby said.

Ideals betrayed

A familiar theme in the testimonies, which are anonymous to protect those involved, is the hardening of the heart that affects those who work first-hand in ending the lives of unborn children.

Most of those working in the abortion industry – explained one ex-worker – came out of a desire to serve women. As time progressed, however, the experience of working for an organization that makes money out of ending lives meant that their hearts grew calluses.

As a result, “it is commonplace for some clinic workers to ignore, marginalize, blame, and ridicule the women who trust them – especially those who become confrontational when dissatisfied with services rendered by the clinic.”

“I believe that those who work in the abortion industry are affected by a phenomenon I can only describe as the dulling of the conscience,” declared another former clinic worker.

“Abortion clinic workers have experienced evil in a very tangible way,” was the way one ex-worker described it.

Another common theme in the testimonies is the lack of adequate information provided to clients about the risks or possible

complications of abortion. One former employee described her own harrowing experience with a chemically-induced abortion and her subsequent realization that women were not properly informed because the clinics are afraid the women will be scared off having an abortion.

“Every woman who walks out of the clinic and chooses life for her child equates to lost revenue,” she declared.

A further testimony recounted how those in charge of a clinic refused to call an ambulance to take a badly bleeding sixteen-year-old to hospital for fear of bad publicity. The fact she came close to death was concealed from her waiting father and from the girl herself.

This lack of interest in the well-being of the clients was poignantly expressed in one of the stories that described the reaction of the clinic worker to a late-term abortion on a woman. Despite her initial decision to ask for an abortion the woman later said she wanted to go to hospital to try and save the baby.

The doctor in charge pressured and even physically forced her to proceed with the abortion. This experience led the clinic worker to conclude that "Women in crisis who were unfortunate enough to run to us were far too often manipulated into executing their babies under the guise of choice and convenience."

The lack of concern for women's welfare came out in several of the testimonies that described how clinic workers would ignore the plight of those who were very probably in abusive situations. The cases ranged from a prostitute brought in for an abortion by her pimp to young women impregnated by a father.

Mercy and compassion

In a concluding note to the book Abby once more confessed to her feelings of guilt at having encouraged women to have abortions.

She also had advice for pro-lifers who she argued should avoid condemnation or harsh personal criticism of abortion clinic workers.

In addition to God's grace it was the mercy and compassion of some people that led Abby to change. "It was not those who yelled and called me names," she explained. Mercy and love are what those who are still involved in abortion need to hear, not hostility, she urged.

Abby finished with an appeal for prayer, both for those who contributed to the book and above all for those who have not converted yet. "We are waiting for them with our arms wide open," she concluded.