Repeat Abortion Rate Approaches 50%
The repeat abortion rate in the U.S. has risen rapidly since Roe v. Wade was decided in 1973. In 1973 it was estimated that only about 12% of the induced abortions were repeat abortions. By 1979 the national repeat rate had risen to 29.4% and by 1983 it had reached 38.8%. In 1987 the Alan Guttmacher Institute took a survey of 9,480 women at approximately 100 abortion clinics throughout the U.S. and found that 42.9% of the women said they were having repeat abortions. 36.9% were having a second abortion; 10.7% were having a third abortion; and 5.3% were having a fourth abortion or more. (Henshaw 1987, 1988)

Based upon these figures and also extrapolating the fourth abortion or more category to more precise figures based upon state health department reports of repeat abortions, it is estimated that there were about 643,500 repeat abortions in the U.S. in 1987 out of a total of 1.5 million abortions. Of these 403,500 women had a second abortion; 160,500 had a third abortion; 53,250 had a fourth abortion; 17,500 had a fifth abortion; 4,400 had a sixth abortion and 4,400 had a seventh or higher abortion.

The highest known number of reported abortions by one woman is 29. The woman was a Brazilian prostitute. A woman in Minnesota was reported by social workers to have had 20 abortions. The woman was suicidal. Rovinsky (1972) reports a case of a woman who had 17 abortions and Fisher (1986) describes a woman who reported 15 abortions in 23 years. The woman reporting 15 abortions was described as "chaotic" and "childlike".  Cont. on page 7

President's Letter
The statistics on repeat abortions are very disturbing. Abortion is supposed to be something which is done with "great concern." It is frequently said, "no one has an abortion casually without giving it a lot of thought." If abortion is taken so seriously by women there should be very few repeat abortions. And yet nearly 1/2 of all abortions in the U.S. are in this category. Health care professionals and abortion providers should be very interested in the causes of the phenomenon, but there has been very little interest in studying the women involved in the practice. Surgeon General Koop ignored repeat abortion in his recent letter on the health effects of abortion on women. This newsletter has included virtually all of the studies on the subject. These studies, primarily by pro-choice advocates, demonstrate increasing risk of infertility and reproductive damage as well as increasing adverse psychological and social effects.

Surgeon General Koop ignored repeat abortion in his recent analysis on the health effects of abortion

Repeat abortion represents a failure of the pro-choice rhetoric. If women truly perceived their abortions in a

Cont. on Page 8

Psycho-Social Aspects ................................ 3
Abortion as Birth Control ............................... 5
Evangelization of Abortion ............................. 6
Reproductive Problems ................................ 7
Debbie's Story of Three Abortions

The following is a summary of a true story about a young woman named Debbie who had three abortions from the book Beyond Choice by Don Baker Copyright 1985 by Don Baker. Published by Multnomah Press, Portland, Oregon 97266. Used by permission.

Debbie came from a nominally Catholic home where her mother was always too busy to devote time to her and her father was an alcoholic. Debbie spent a lot of time with her boyfriend Tim and after a single act of sexual intercourse became pregnant. They planned to be married and have the baby. But Debbie’s parents coerced her into having an abortion at the local Planned Parenthood clinic. She developed a deep anger and bitterness. Her grades slipped, she ceased playing her clarinet and stopped going to church. Tim felt that life was hardly worth living once he had lost his girl friend and baby. Once his mother found him with a loaded gun to his head.

Despite the efforts of Debbie’s parents to keep them apart, Tim and Debbie were married 19 months later in a secret civil ceremony and set up housekeeping in a small apartment in another city. Two weeks later Debbie was pregnant. Tim became distant and detached. He was deeply disturbed by and often mentioned the prior abortion. Once in a fit of anger during an argument over finances, Tim struck Debbie in the stomach. Five days after the birth of the baby, Jennifer, Tim left for work and Debbie was left alone with greater and greater frequency. A brief note said, “I’m sorry Deb. We couldn’t have the baby we wanted and now we’ve got one I can’t stand. It’s too much for me to handle.” Tim. Debbie never saw Tim again.

Debbie began to drink heavily. She found an old bottle of phenobarbital and took the remaining pills. She slashed her wrists with some broken glass. Debbie briefly returned home to recover but the situation was intolerable and she shortly took a job in another city. The pay was low and when she returned at night she had little energy to give to Jennifer. Tim’s mother, now living in the same city, offered to help with Jennifer’s care and expenses. Debbie agreed.

Then Debbie met Mike. Mike was separated from his wife and had two children. A divorce was pending. They had a whirlwind courtship in the course of a single evening and exchanged promises to marry. Debbie moved in with Mike and they began to leave Jennifer alone with greater and greater frequency. Debbie became less patient and more frustrated. Some of it was violently directed against Jennifer. Debbie and Mike dreamed of a better life. When Debbie became pregnant, Mike changed from a loving, sensitive companion to an angry, sullen, detached man. You’ve got one I can’t stand and I’ve got two I can’t afford." He demanded that Debbie turn over custody of Jennifer to her mother-in-law and that she also have an abortion. * Anything you say Mike, I’ll get an abortion. I’ve had one. I can’t see that another one will make any difference." Jennifer was transferred to Debbie’s mother in law and Debbie got her second abortion at Planned Parenthood. Then she returned to Mike’s apartment and found Mike dressed only in his trousers, drinking a can of beer... with another woman. There was no explanation or apology, no invitation to even come in. She took a step backwards, turned and walked out the door. It wasn’t hard for Debbie to find another man. Ken picked her up about 20 miles west of the city while she was hitch-hiking to the next city. He drove her the entire way after he demanded sex in exchange for giving her a ride. Kens apartment was big enough for both and he provided company when he wasn’t drunk. Debbie’s pupils were soon used up and it wasn’t too hard for her to get pregnant again. Ken’s reaction was violent rejection. He kicked her, slapped her and pushed her down the stairs. Debbie sought to have Jennifer returned to her but her mother-in-law refused. A legal aid lawyer suggested she get an abortion so she would look better at the pending court hearing seeking the transfer of custody of Jennifer to Debbie. So Debbie went to Planned Parenthood for her third abortion. After the third abortion Planned Parenthood told Debbie never to contact them again. At the court hearing the judge refused to return Jennifer to Debbie.

Finally, Debbie met an engineer named Steve. He helped her out with rent payments expecting nothing in return. Steve was a Christian and Debbie started going to church with him. She prayed to receive Jesus Christ as her Lord and Savior and finally found the peace that was lacking in her life. She slowly began to forgive those who had wronged her and to accept responsibility for her own actions. Steve and Debbie were married but she was unable to conceive. Despite considerable progress in rehabilitation she was still unable to obtain custody of her daughter as of the time of writing of the book.

-- Commentary --

Various studies have found that Debbie was particularly at risk for adverse psychological effects from abortion because of (1) coercion; (2) a religious orientation and (3) adolescence. In each of the abortion decisions someone else made the decision and Debbie acquiesced.

Tim’s adverse reaction to Debbie’s initial abortion was important. Limited studies on men have revealed that men may be more adversely affected by abortion than women. Tim’s reaction was a significant reason for their break-up and also appeared to be a factor in Debbie’s suicide attempt.

Debbie’s becoming pregnant 2 weeks after her marriage looks like a replacement pregnancy or atonement baby for the earlier abortion.

Deteriorating social relationships took place as abortion was repeated. At the 1st abortion she was living with her parents and had a steady boyfriend to whom she was committed and eventually married. The 2nd abortion involved a live-in situation with a promise to marry. The 3rd abortion involved a man who drank heavily, whose apartment she shared with no particular commitment.

Debbie’s abuse or neglect of Jennifer may be related to an inability to bond or attach. Unresolved mourning from prior losses may result in child abuse or neglect and failure to properly grieve may result in violent behavior.
The Psycho-social Aspects of Repeat Abortion.

Moral and Social Deterioration

Moral and social deterioration is evident in women following repeated abortion. Bracken and Kasl (1975) studied a sample of 345 women at a New York abortion clinic and concluded that women having repeat abortions are in less stable social situations than women who seek abortion for the first time. Repeaters relationships were of shorter duration than unmarried women having first abortions. They also found that women having first abortions were generally more concerned with moral and ethical issues, worry over the procedure itself and the possibility of complications than were the women having repeat abortions.

Shepard and Bracken (1979) found in a study of women at Yale New Haven Hospital during 1974-75 that women having repeat abortions were significantly more likely to be divorced than those having first abortions. Women having repeat abortions were significantly more likely to be on public welfare than women having first abortions. (38% vs. 25%)

Reardon (1987) includes an interview of Deborah H. who had 4 abortions. Her first abortion was reluctantly obtained at the urging of her doctor because of fear of possible birth defects. Alcohol and drug abuse followed. The second was done in anger and “triggered a coldness about abortion.” I was saying to myself “you're real tough. You can do this and it won't hurt a bit.” Promiscuity followed. She laughed about the third abortion. The fourth was a “quickie” and by now she was “deadened to pain- to right and wrong.” Her relationships with men deteriorated from marriage (1st abortion) to a ongoing sexual relationship with a married man (2nd abortion) to sexual promiscuity with no particular commitment (3rd and 4th abortions).

Communication Breakdown

Communication with others increasingly breaks down with repeat abortion, Berger (1984) in a study of Canadian women found that more repeaters than first time aborters had made the decision by themselves. (45% vs.33%). Szabady and Klinger (1972) in a study of Hungarian women, found that those women having a repeat abortion were less likely to be in a happy marriage and were more likely to have had an abortion independently of their partner. Freeman (1980) in a study of 413 women at the Hospital of the University of Pennsylvania found that repeat aborters showed significantly higher emotional distress scores in dimensions relating to personal relationships. That is, they had more difficulty in getting along with others.

Francke (1978) described a 16 year old girl who said she just had her second abortion. However the Planned Parenthood counselor says it was her fourth not her second. The girl says, “this abortion doesn't make me feel sad, I feel good really good. And very happy. There are no complications and Medicaid pays for it... Being Catholic doesn't bother me at all. But I don't confess it. I'm scared of what the priest would say. I wish I could tell my mother. But she would be so angry.” The girl mistakenly believes she has achieved mastery over her abortive behavior, but denial and impaired communication are obvious problems.

Decline In Religious Affiliation

Leach (1977) in studying repeat abortion patients in comparison with first time aborters in the Atlanta area subsequent to the legalization of abortion, reported that 21% of the repeaters indicated that they had no religious affiliation compared with only 8% of the first time aborters. This disparity was especially striking in the private clinic population among whom 8 times as many repeaters as first time aborters said they had no religious affiliation. (20% vs. 2.5%)

Emotional or Psychological Conflicts.

Franco (1984) found that women reporting multiple abortions more often have considered suicide and score higher on borderline personality pathology and depression according to a study of 71 women at the Medical College of Ohio. 40% of the women reported anniversary reactions and half of the women aborting sought psychotherapy after the procedure. Somers (1979) found in a study of Danish women who had been admitted to a psychiatric institution during 1973-
75 that the percentage of psychiatric admissions increased with the number of self-reported past abortions. A three fold increase in previous psychiatric consultations was found in women seeking repeat abortions compared with maternity patients. (Passini and Kellerhals 1970)

Freeman (1980) found that repeat abortion patients showed significantly higher distress scores on interpersonal sensitivity, paranoid ideation, phobic anxiety and sleep disturbance than women undergoing abortion for the first time. Repeaters also showed a trend in higher scores in somatization, hostility and psychoticism.

Niemela (1976) in a Finnish study compared women seeking their second abortion to women who had successfully contracepted after their first abortion. It was found that repeaters rated lower in control of impulsivity, emotional balance, realism, self-esteem and stability of life as well as reflecting a lesser capacity for more integrated personal relationships. Repeaters had considerably more history of parental losses by death or divorce than the comparison group (37% vs. 7%). More emotional distancing was also noted between parents and repeat aborters. Repeating women more often had a history of broken legalized or non-legalized partner relationships. Partners of repeaters took less responsibility for contraception even though the women had left them greater responsibility in this respect. Solidarity with the partner was weaker in the repeaters even though the women felt greater admiration for their partners. Repeating women were less mature and more impulsive indicating a 'split' mechanism and immaturity of ego development which verged on a borderline level disturbance.

Susan Fisher (1986) interviewed British women having repeat abortions. She identified unresolved emotional conflicts in the woman's family of origin as a key factor in repeat abortion. Women had shallow relationships with the prospective father and often seemed to select male partners of a different race or class they knew were objectionable to the repeaters parents. One woman exhibited considerable anger, rage and confusion over her mother's mental illness. Another woman, an only child born from an out of wedlock pregnancy, felt guilty and responsible for what she perceived as an unhappy unsatisfactory marriage of her parents.

Replacement or Restitution.

Replacement pregnancies have been found to be common in women following induced abortion. Reardon (1987) in his study of 252 members of Women Exploited by Abortion found that at least 30% indicated a strong desire to conceive a "replacement" or "atonement baby" following their abortion. Bracken and Kasl (1975) in their study of 345 women at a New York abortion clinic also found that women having repeat abortions generally showed more desire to have children than women having first time abortions. Horowitz (1978) in a study of 40 adolescents from Chicago in 1976-77 found that those who had previously had an induced abortion, miscarriage or other infant or fetal loss conceived again shortly after their previous loss. 25 said they had purposely become pregnant again as a replacement for the previous loss. 13 did not admit to planning the subsequent pregnancy but avoided contraception even though they were aware of the consequences of doing so. It was concluded that adolescents who do not fully address the process of mourning after abortion, miscarriage or infant loss may face a greater risk of subsequent pregnancy.

These replacement pregnancies may lead to repeat abortions. Bobrowsky (1986) in a California study of teenage abortion, followed 404 women through medical records over a 5 year period. 38% were found to have had a previous abortion and 18% had two abortions in the same year.

Self Punishment

Masochism or self-punishment has been identified as a factor in motivation for repeat abortion. This may be compulsive. For example, Horowitz (1976) has observed that life patterns may be constructed in such a way that the "trauma" itself is repeated over and over again in equivalent or symbolic form... The repetitions may occur in spite of pronounced conscious efforts at avoidance and suppression. Bibring (1943) has stated that, "perhaps the most frequent way of taking the compulsive repetition into the personality is through sexualization when the repetition compulsion becomes linked with masochistic drives."

Self-punishment appears to be triggered by a feeling of self-hate. Karen, a professional woman who has
had three abortions recalled: “I hated myself. I felt abandoned and lost. There was no one’s shoulder to cry on, and I wanted to cry like hell. And I felt guilty about killing something. I couldn’t get it out of my head that I’d just killed a baby.”

Self destructive tendencies following repeated abortion may occur in subtle ways. Levin (1980) found that women having 2 or more abortions had a smoking rate of 51.7% compared with 40.3% for women with a history of one prior abortion and 31.7% for women with no prior abortions according to a study of women entering Boston Hospital for Women during 1975-77. Kuzma and Kissinger (1981) studied 12,406 California women during 1975-1977. They found that virtually all (98.5%) of the pregnant women who were intending to carry their child to term and who had a history of 2 or more prior abortions, evidenced alcohol abuse by drinking throughout the entire course of their pregnancy and at heavier levels (up to 3 oz. per day) than any of the other categories of women studied.

Abortion is used as birth control

Sandberg and Jacobs (1971) identified denial, deliberate risk-taking, guilt, shame, manipulation, sexual identity conflicts, hostile acting-out, masochism, eroticism, nihilism, fear and anxiety and readily available abortion as reasons for contraceptive failure. Thus, there is a difference between wanting to have intercourse, wanting to become pregnant (consciously or unconsciously) and wanting to have a child. The motivations for these separate and distinct acts are quite different. Friederich (1970).

Various researchers have observed that the use of contraceptives is ineffective for the repeat abortion patient. Niemela (1981) found that the inability of abortion repeaters to effectively utilize contraception in the long run was not related to differences in education level or knowledge about contraceptive techniques, but to the developmental level of personality structures. Howe et al (1979) in a study of 1505 women obtaining abortions at a freestanding abortion clinic in Western New York state found that women having repeat abortions were generally more likely to be using contraceptives than women having first abortions but were more sexually active than first timers pregnancy. Brewer (1977) studied 50 British women who were having their third or more legal abortion. 23 were pregnant because their contraceptive method had failed, 24 because of erratic contraceptive use and three had changed their mind after an initially welcome pregnancy. He found a significant relationship between erratic contraceptive use and a history of medical consultation for psychiatric reasons. Leach (1977) in a study of repeat abortion patients in comparison with first time aborters in private and public abortion facilities in the Atlanta area found that while 9 out of 10 of the repeat abortion patients indicated they had received birth control information and had begun to use a birth control method after their previous abortion, only one-third of this group reported using any contraception at the time their current pregnancy occurred. Schneider and Thompson (1976) in a study conducted at the University of Pittsburgh School of Medicine concluded that post abortion women become less persistent users of contraception over time than sexually active non-pregnant women. Women were also studied based upon whether or not their prior abortion had been illegal or legal. They concluded that the use of contraception by repeat aborters was similar when comparing legal versus illegal abortion histories.

Younger woman and particularly adolescents who repeat abortions seem to be particularly at risk for contraceptive failure. Rovinsky (1972) found that repeat aborters who were never married women less than 24 years of age with no prior children had a particular deficiency in motivation for contraception despite intensive family planning counseling. Marinoff (1972), without citing a specific study, concluded that with adolescent abortion repeaters the motivation for subsequent pregnancy was so great that no amount of education or availability of contraceptives would be successful.

Perhaps the best example of readily available abortions as birth control is provided by Luker (1975) based upon interviews with 50 predominantly unmarried women who had repeat abortions. It was found that many had become pregnant to either test their partners commitment to the relationship, or to hurry it along to a marriage. When their partners did not commit, the women resorted to abortion.
Francke (1978) recorded testimonies of women who were abortion repeaters and gave various reasons for contraceptive failure:

Robin, 30, single, two abortions- I was totally irresponsible about birth control. It was like I was just waiting to be punished. I set myself up for a real shitty thing. I didn't go out to do it, but I didn't do anything not to make it happen. I'm always dangling with fate. I was all hot to get pregnant. I don't know what it is.... I want to be pregnant. But I don't want the child. Isn't that weird?

A woman reminiscing about 3 abortions during her twenties: "The reason ultimately was because I was very self-destructive. But the reason at that time seemed to me that if I used my diaphragm I would be admitting to a kind of lack of spontaneity you know, I didn't plan it ahead of time. I didn't take responsibility for it, you see."

A 19 year old woman was interviewed by the New York Times while awaiting her third abortion in less than three years.

It's my fault. I have used contraception-the pill. But I forgot to take them. After all, I don't take vitamins or anything else every day so there's nothing to remind me. I want something that's safe and not too difficult to use." To the suggestion that the man might take some responsibility for contraception, she responded, "my boyfriend has said that maybe he could withdraw. He says next time." And if she were to become pregnant again? "No matter what, I would have it. Three abortions is the limit for me. I just can't keep on destroying babies. After all, my mother didn't destroy me." To bolster her resolve, she said she is having her third abortion under local anesthetic instead of the general anesthetic she had in the past. "I want to be awake during this one, I want to see how it feels, to feel the, pain. Maybe that will convince me not to come back again."

With these women who are abortion repeaters it is readily available abortion itself that becomes the ultimate form of birth control.

The Evangelization of Abortion.

Repeated abortion may occur within a family and involve a multiple number of family members when abortion becomes accepted as a 'solution' to family problems. Fisher (1986) describes a 19 year old woman who was living with her parents and two sisters and a half-sister. The 19 year old had one previous abortion and was currently pregnant out of wedlock. Her half-sister had 4 previous abortions, one sister had 3 previous abortions and another sister one previous abortion. The father had a long standing incestuous relationship with the half-sister. Only recently had the 19 year old learned of it. She gave up her image of her family being a 'good family' and decided to lead her own life and not permit her family to interfere. She and her boyfriend then agreed to face the pain and anger about her first abortion together and then agreed to live together and have their baby.

It has also been noted that women in post abortion support and healing groups will often be siblings of those who had been aborted as well as having had abortions themselves. Frequently, these women will report a generational pattern of abortion in the family including grandmother, aunts, uncles, brothers, sisters.

Women who have had abortions may attempt to convince other women to have abortions in an attempt to convince themselves that they have done the right thing. Reardon (1987) interviewed Deborah, a woman who had four abortions:

"I talked real openly about abortion. I was pro-choice, and I talked to other women about the value of having an abortion. During my first abortion I would have said No, I don't think abortion is right But with each successive abortion my attitude got worse and worse I found that in talking to other women about abortion, their decisions to abort satisfied something in me. It made me feel better about what I had done. It was almost like I was gloating in their misery. If I'd had an opportunity to work at a counseling center to counsel women before their abortions, I would have done it. It would have strengthened my own decisions to abort."

Carol Everett who was involved in the abortion industry in the Dallas/Fort Worth area from 1977 until 1983 was asked what led her to become involved in the abortion industry. She responded, "I was searching, attempting to justify my own abortion... Each time I sold an abortion I justified my own."
REPRODUCTIVE PROBLEMS

REPEAT ABORTION INCREASES RISK OF FUTURE REPRODUCTIVE PROBLEMS

- A study by the World Health Organization of legal abortion in Great Britain, Europe, Korea and Scandinavia concluded that repeat abortion is associated with a 2 to 2 1/2 fold increase in low birth weight and short gestation when compared with either one live birth or one abortion.1

- A Danish study conducted during 1974-75 concluded that women with a history of 2 or more abortions had twice the risk of a premature infant compared to those with one past abortion.2

- A study of women at the Boston Hospital for Women conducted during 1976-1978 concluded that women who had two or more induced abortions were 2.7 times more likely to have future first trimester spontaneous abortions (miscarriage) and 3.2 times more likely to have a second trimester incomplete abortion than were women with no history of induced abortion.3

- The Boston Hospital for Women study also found the relative risk of ectopic pregnancy to be 1.6 for women with one prior induced abortion (reduced to 1.3 after control of confounding factors) and 4.0 for women with two or more prior abortions (reduced to 2.6 after control of confounding factors.)4

2. Pregnancy Complications Following Legally Induced Abortions, with Special Reference to Abortion Technique, Obel, Acta Obstet Gynecol Scand 58: 147-152 (1979)

Reflections on Repeat Abortion

Monte Harris Liebman, M.D. (Psychiatrist)

The material presented reveals the complexity and depth of the personal, emotional, social and spiritual problems that plague and seem to compel people to seek an abortion. The ease with which the abortion can be obtained interferes with the real need these individuals have to look at themselves and their situation in order to understand and master those forces that drive them. Closing the door on abortion will help accomplish this feat and, subsequently, not only prevent unplanned, repeat pregnancy and abortion, but it will reduce the pressure to have the first abortion.

Where destructive acting out behavior is prohibited, the energy that would otherwise be discharged or released through acting out creates a tension and force within the individual that requires internal work, effort and insight in order to produce equilibrium and harmony within the person. More often than not, this approach results in growth and mastery in the individual and it simplifies the working through and developmental process by eliminating the complications that arise from regret, remorse and recrimination, the harbingers of low self-esteem.

There is no doubt that a greater investment must be made in an effort to help individuals develop the skills, stamina and will that are necessary to reduce the risk of irreparable harm as one journeys through the complicated and convoluted matrix of modern day life. Crises due to unexpected, unexplained, unplanned or unwanted pregnancy can become a pivotal point for learning, growing and turning one's life around if the abortion is prevented and the distressed individual is helped to focus on those inner factors that propelled her into pregnancy before she and her mate were sure of their readiness to have a baby and their commitment to each other.

Availability of abortion keeps many people from putting their sexual behavior into a meaningful perspective. It allows them to sidetrack the question of the nature of their relationships, their depth and their readiness for the personal responsibility that accompanies sexual intimacy. In such situations, feelings alone are likely to determine behavior, and feelings without connections to values and principles that enhance human experience and elevate the human spirit are like winds of chaos that bring disorder and discontent into one's personal and social system. (Dr. Liebman is a Milwaukee Psychiatrist who has extensive experience in crisis pregnancy and post-abortion counseling.)
serious light, why do so many make the same mistakes over and over again. One answer is that abortion is being used as a means of birth control. This is particularly true of repeaters for whom contraception is often ineffective. To use abortion as a form of birth control is a highly objectionable approach given the dangers of repeat abortion to women’s health and well being and the repeated massive loss of unborn human life.

A second possible explanation for repeat abortions is that there is pathological causality in the women’s behavior. If there is any evidence of pathological ideation, this should truly raise sufficient concerns to encourage research, since there are so many women involved in the practice. The personal stories of women who have had multiple abortions often carry some evidence of this, if only in the sense that the women seem unable to take hold of their own destiny, make choices which are truly beneficial to them, and break the cycle of self-abuse. Indeed, repeat abortions suggest the possibility that women aren’t truly acting out of “choice” but are allowing others to use them. If this is so, repeat abortions make a mockery of the slogan “pro-choice.”

With the large numbers, and the clear dangers of the practice, it is essential that we take responsibility for protecting women’s health by studying it and seeking some way of limiting it’s practice.

Wanda Franz, Ph.D., President

---

**Women seem unable to take hold of their own destiny, make choices which are truly beneficial to them, and break the cycle of self-abuse.**

---

**References**


Leach, J., *The Repeat abortion Patient*, Family Planning Perspectives


