The following is an excerpt of a talk given at the annual meeting of the Association for Interdisciplinary Research in Values and Social Change, Sacramento, California, June, 1990, entitled Induced Abortion and its Relationship to Child Abuse by Philip G. Ney, a Canadian psychiatrist. Dr. Ney has extensively researched the issue of child abuse and neglect and has authored 14 publications on the subject and related issues.

At the time of the debate over the legalization of abortion, the issue of child abuse and abortion was one of the things that went straight to the heart of the pro-life movement. Abortion advocates claimed that the reason we need legalized abortion is because then there would be only wanted children and child abuse rates would be reduced. Somehow it didn’t sound right, but it was unclear what the facts were. I undertook the responsibility to determine the facts and have been thinking and writing on the subject for 15 years. My first paper on the subject was published in the *Canadian Journal of Psychiatry* in 1979 and as a result I have been well bumped around in the academic area. My article was an attempt to show that to show that rates of abuse and abortion might be directly related for a variety of reasons. Data was compiled from available Canadian statistics which showed that death to Canadian children from social causes rapidly increased after early abortion became available on demand in 1969; British Columbia and Ontario with the highest rates of abortion were the provinces with the highest rates of child abuse. Newfoundland, Prince Edward Island and New Brunswick with low rates of abortion had low rates of child abuse. These correlations didn’t prove a causal connection but they were worth investigation. Since that time I have undertaken research on the subject on three continents over the past 10 years using a variety of study populations. I can now tell you that there is a strong connection - almost causal connection between child abuse and abortion.

Based on 10 years of research using a variety of study populations, there is a strong, almost causal connection between child abuse and abortion.

There are a series of possible explanations for why child abuse is going to increase with abortions. One of the reasons has to do with bonding. Bonding theory says that if you are attached to your baby you will look after him or her as well as you look after yourself. Bonding is no categorical guarantee that you will not abuse your baby because if you mistreat yourself you will mistreat anything else that is attached to you. If you don’t like

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yourself you are more likely to hurt your baby. Bonding says that if you look after yourself you will look after your baby. Bonding is critical for baby care.

Mothers who have had an abortion are more likely to be depressed during a subsequent pregnancy, and particularly shortly after the baby is born. This makes it more difficult to bond with the baby, and less likely that the mother will breast feed the baby. That will make the baby more susceptible to neglect and abuse.

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Another factor has to do with instinct. Across all species it says that you cannot harm your young if your species wishes to survive. That concept has got to be one of the deepest biological substrates of any species. It results in a powerful yet vulnerable prohibition. Any species that deliberately destroys its young cannot survive.

There is a critical phenomena that applies to people who abort such as doctors, husbands, grandparents and women. If that instinctual restraint against killing or neglect of one's young is pushed aside once it is much more easy to do it again. What I am referring to is aggression. I estimate by the best possible methods I know, that 70-75% of all American women by the age of 45 will have had an abortion. That is an enormous undermining of a very basic substrate that insures the survival of a species.

There are many other mechanisms but one that I will mention has to do with spousal support. Out of a list of 40 possible factors that would most likely lead to child abuse and neglect was the lack of husband support during a pregnancy (one of the top three). Without the support of a husband children tend to be more abused. I suggest that husbands who have no assurance that their unborn baby's life is going to continue won't attach themselves. We don't attach ourselves to anything we know is not going to endure. Men who have no legal right to restrain the abortion of their child by their wives do not become attached to their baby.

Philip G. Ney, M.D., F.R.C.P.(C)

The following is a partial listing of various articles authored or co-authored by Dr. Ney.


Helping Patients Cope With Pregnancy Loss, Contemporary Obstetrics/Gynecology, 29:117-130, June 1987


The Psychological Sequelae of Abortion: The Effect on Parenting Ability and Child Abuse, Unpublished Monograph, undated


Mandatory Reporting of Child Abuse, Community Health in New Zealand 1:32-43, (1985)

Children in Crisis: To Whom Should They Turn, NZ Med. J. 98:283-286, (1985)


A Case of Parental Abuse, J. Victimology 7:194-198, (1983)

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degree of ‘wantedness’ not a factor in abuse or neglect

A researcher who has extensively studied women’s reaction to pregnancy has stated that “We think, not in terms of dichotomies such as ‘wanted’ and ‘unwanted’ but of a continuum of feelings ranging from total rejection to very nearly total acceptance.” Conscious rejection may (1) continue and remain conscious; (2) continue but become repressed and unconscious; (3) decrease in intensity as positive aspects become more apparent with resulting ambivalence; (4) become submerged by positive feelings, even at the unconscious level; (5) be only a superficial facade, perhaps in order to conform to social ideas. In this last instance the pregnancy fills needs and is not rejected: here it is the acceptance of pregnancy that is repressed and concealed beneath a conscious facade of rejection.

The terms ‘wanted’ and ‘unwanted’ should not be used.

This is supported by a number of studies which demonstrated that the reaction of women to a pregnancy becomes more and more positive as the pregnancy (and subsequent birth) progresses. One researcher found that 85% of pregnant women revealed some initial rejection of pregnancy and were upset by anger and grief, but by the end of the first trimester 85-90% had accepted the pregnancy. Another, in a longitudinal study of 15 women, found that there was a significant and ‘marked’ increase in acceptance of pregnancy and motherhood between pregnancy and a month after birth.

A Czech study of children born where their mothers were twice refused a request for abortion reported that “by and large the mothers did move from initial rejection to ultimate acceptance in the 9 year interval” since the birth. Thirty-eight percent of the mothers subsequently denied ever seeking an abortion; some said they hated the commission for refusing their request and others said they were now very grateful the commission had refused. Fourteen percent of the mothers refused abortion reported a spontaneous abortion (early miscarriage) which may indicate a form of rejection. A pregnancy may not be rejected yet still may result in an induced abortion due to social pressure. In a study of 252 members of Women Exploited by Abortion, 84% later reported that the abortion outcome would have been different if they had been encouraged differently by husbands, boyfriends or others.

96% of women with unplanned pregnancies reported their lives were either better or unchanged.

Unplanned pregnancies do not necessarily result in adverse reactions. A study of pregnancy in Cedar Rapids, Iowa during July to December 1979 among 1003 women aged 15-40 who had ever been pregnant or were currently pregnant found that 96% of the women who had unplanned pregnancies reported their lives were either better or unchanged after the pregnancy. Most of the negative feelings reported were toward the fathers (25%); only 2% had negative feelings toward the children. Unplanned pregnancies were more likely to occur in single, divorced, separated or widowed women as opposed to married women. Only 11% stated lack of contraceptive knowledge as the reason for unplanned pregnancy.

How much the mother wanted her children was not related to any type of abuse

In another study 57 children (aged 5-12 years) who had been admitted to the Child and Family Psychiatric Unit at Christchurch Hospital in New Zealand were given a structured interview regarding their perceptions of abuse, views of their family, feelings about themselves and the world in general. Mothers of these children were also interviewed as well as staff estimates of five types of mistreatment i.e. physical abuse, physical neglect, emotional neglect, and sexual abuse.

How much the mother wanted her children was not related to the extent of any type of abuse. Eighty five percent of the abused or neglected children were wanted by the mother after they were born. The mothers ambiva-
ience about her pregnancy ranged from approximately 65% expressing 'wantedness' before pregnancy, about 58% 'wantedness' in early pregnancy, slightly over 70% 'wantedness' in late pregnancy to 85% 'wantedness' after birth.7

3 out of 4 abusing families had a positive response at birth.

Families who abuse their children are not likely to have considered abortion during the time the mother was pregnant. Researchers at the School of Social Work at the University of Wisconsin (Madison) examined 830 substantiated cases of non-sexual physical abuse by parents in Wisconsin during 1974-75. It was found that less than 5% of the mothers had considered either abortion or adoption as a means of 'unburdening' themselves of the child. The reaction to the presentation of the child at birth was positive for the largest percentage of these abusive parents (74%). In 31% of the cases, the birth of the child had negative effects on the mothers relationship with a spouse or lover.8

Abusing mothers were likely to have lost a child by avoidable death.

In well designed and comprehensive study at Vanderbilt University 1400 low income mothers (2/3 white, 1/3 black) were interviewed in a prenatal clinic during 1975-76 and subsequently followed for reports of child abuse. The characteristics of the 23 women reported for child abuse within the following 2 years (14 infants born or 9 other siblings) were compared to the characteristics of the remaining mothers who were not reported for child abuse. Only reports that were substantiated were included and child abuse was defined as physical injury. Women who were abusive were more likely not to want the baby when the pregnancy was confirmed (26% vs. 10%), had more aggressive tendencies (26% vs. 10%) and were more likely to have lost a child to foster care or avoidable death (26% vs. 2%). One-hundred percent of the women abusers said the pregnancy was not planned or was planned primarily for a selfish purpose compared to 75% of the women who were not reported as abusers. The abusive mothers relationship with her own parents while growing up was significant. More abusing women reported receiving unfair severe punishment as a child (57% vs. 30%), did not get along with or were separated from their mothers, (57% vs. 25%), and felt that one or more parents had been displeased with them (52% vs. 25%). However, it was found that mothers who had abused their children did not significantly differ from the non-abusing mothers in money available to raise a child, in considering abortion or adoption, readiness for motherhood or current feelings about the baby. Thirty percent of the overall sample of 1400 women had considered abortion and 10% of the overall sample had considered adoption. Virtually none of the black mothers had considered adoption.9

Mothers of battered children tended to be more isolated.

In a British study 134 battered children under 5 years (mostly hospitalized) were compared with 53 children under 5 years age who were emergency hospital admissions with no question of battering. Abortion had been considered by only 12% of the mothers of battered children compared with 2% of controls which was considered not statistically significant. Family size (2.3 children vs. 2.0 children) and family income was similar between the two groups. Battered children were more likely to be illegitimate and mothers of battered children tended to be more isolated than controls.10

Non-repeaters were more active in churches or other social groups and were more hopeful.

One study reported that mothers of infants which were primarily neglected had considered abortion to a greater extent. In this study 255 infants were discharged to their parents from the newborn intensive care unit of North Carolina Memorial Hospital in 1975-76, Ten of the 255
were subsequently reported for physical abuse (2) or neglect (8) during the first year of life. Forty percent of the families reported for abuse or neglect claimed to have seriously considered abortion vs. 7% of those who were not reported. Forty-one of the 255 discharged to their homes were considered high risk for abuse or neglect yet few of these infants were reported for maltreatment. Parents of reported infants were most likely to be rated by the interviewer as impulsive, apathetic-futile, child-like-dependent, or retarded or illiterate.11

In a follow-up study, repeat families representing 9 out of 10 families who had been reported for abuse or neglect were compared with 40 non-repeating families where there had been child abuse in the family of origin but not with current offspring. Repeat families were noted to have had much less adequate social network, inadequate child care arrangements, had much more often claimed to have seriously considered abortion, and had lower birthweight babies. Abused or neglected babies also had greater frequency of congenital defects, and fewer nursery visits from parents or extended family. Abusing or neglecting parents had less working through of childhood misfortunes. It was found that non-repeaters were more active in churches or other social groups and were more hopeful.12

In the follow-up study there is evidence that repeat families had unmet spiritual needs as unresolved conflicts, hopelessness and despair were predominant. Even if the potentially abusing or neglecting families had aborted their child, it is very unlikely that ultimately abuse or neglect would be diminished. Induced abortion may tend to increase low birth weight babies in subsequent pregnancies, will tend to increase isolation, will likely worsen prior emotional conflicts, and decrease the likelihood of religious affiliation. Abortion will also likely interfere with child spacing due to replacement pregnancies and erratic contraceptive use following induced abortion.13

In summary, it appears from various studies that wantedness during pregnancy is not a factor related to subsequent child abuse or neglect because (1) Wantedness is an elusive concept which changes over time and does not accurately describe the many kinds and types of motivational and behavioral dynamics. (2) Several studies of physical abuse to children showed no significant differences between abusers and non-abusers in whether or not abortion had been considered. (3) The degree of acceptance of children following birth was high among parents who later abused their children, and (4) Other factors such as isolation, lack of social support, hopelessness or apathy, or aggressive acting out of unresolved issues from the family of origin appeared to be more likely to be the cause of abuse or neglect.

Thomas W. Strahan, Editor

Footnotes

Child Abuse or Neglect as a Cause of Out-of-Wedlock Pregnancy and Abortion

Verbal abuse, sexual abuse and neglect contribute to out-of-wedlock pregnancy and risk for abortion. For example, personality and social circumstances of 20 Minneapolis, Minnesota women with three or more illegitimate pregnancies were studied in-depth. All women were on AFDC; Their mean age was 26.1. The vast majority were white. Only 4 had ever been married and all were subsequently divorced. Eleven of the 20 mothers had been raised and baptized Catholic but only 5 indicated that this was their present religion. Seven had been raised Protestant and 2 professed no particular religion. There was much hostility and resentment on the part of many about their religious upbringing and the duplicity which they had experienced from their families about religion.

Many of the welfare mothers either lived with their own mothers or very close to them. Welfare mothers were frequently scapegoated, treated with disrespect and called derogatory names by other members of the family and often were involved in masochistic relationships with several family members.

Family backgrounds of the women were diverse and chaotic. Only 2 had a consistent father figure in the home during their childhood years. Their experience with men and fathers was predominantly that of violence and inconsistency. Five of the 20 women had experienced incestuous relations (2 stepfathers, 1 brother, 2 biological fathers). When they attempted to tell their mother about it they were shamed and at times physically beaten for bringing up the subject. Thirteen of the 20 reported sexual activity before the age of 12. Several had never dated. Eight of 20 reported that they were consciously aware that sexual activity for them was a price to be paid for being cuddled and held. For some, sexuality had a compulsive quality, while in others it was secondary to the need for compulsive pregnancies and babies. Ten had never used birth control. Ten had made sporadic attempts but left it up to the male with no demands on them to prevent conception. All of the women had knowledge of birth control techniques but diaphragms when provided were never used or "misplaced". Massive use of denial and magical thinking was in evidence to conceal the motives which led to repeat pregnancy.

For 12 of the mothers the first child had been a girl and 10 of 12 kept this child despite many family and community pressures to give the child up for adoption. In many cases the mothers highly identified on a narcissistic basis with the girl and wanted to relive her own life through this girl but in a dissimilar way. Some of the mothers who kept their sons had a need to show they could "come through" with a male offspring. In several of these cases the mother was consciously aware of an expectation in her family that she was supposed to have been a boy.

The women evidenced a variety of psychiatric problems including histrionic behavior, dissociative phenomena, phobias, obsessive-compulsive phenomena and hypochondriacal complaints accompanied by chronic and unresolved depression. However, none had been hospitalized for mental illness and mothers rarely had sought or received psychotherapy. Loneliness, isolation and self-depreciatory feelings were frequently reported. Many expressed deep resentment and hatred toward the people they had been close to in growing up. The past tended to have a fictional quality in that they were not certain as to what activity transpired and what was a product of their fantasy life. Frequently there was an inability to follow certain thought processes through to a conclusion. Personality Characteristics of Women with Repeated Illegitimacies: Descriptive Aspects, C. Malmquist, T.J. Kiresuk, R. Spano, J. American Orthopsychiatric Association, p. 476-484 (1966)

Comments:
This sample is particularly at risk for abortion. If abortion occurs it is very likely to increase the severity of existing social and psychological problems. Among 92 women who presented themselves at a private mental health clinic in Northern Minnesota in 1983-84, 25 had one or more prior abortions. Among the aborted women, 75% had been sexually abused as a child, 50% had been sexually abused as adults, 50% were physically abused as either a child or an adult. Unresolved grief issues, sexual dysfunction, aggressive and hostile feelings toward men, primary relationship terminations and frequent job dissatisfaction and job changes were prevalent. Post Abortion Trauma, Terry L. Selby, Presented to Association for Interdisciplinary Research Annual Meeting (1985). An unpublished study of 100 Women Exploited by Abortion members reported 22% physical abuse as a child and 22% sexual abuse as a child. A Survey of Postabortion Reactions, David C. Reardon (Unpublished Survey) (1987)
Induced Abortion as a Precipitating Factor in Child Abuse or Neglect

Johns Hopkins University researchers studied 532 Baltimore mothers of children reported to the Department of Social Services as physically abused during 1975-77. They were matched with a control group based on the abused child's birth year and sex, maternal race, education and hospital of delivery. Sixty-seven percent of the study population was black with a mean maternal education of 10.5 years. Only mothers of children aged 4 and under at the time of the abuse incident were studied. A parent was identified as the abuser in 59.5% of the cases and mothers alone were identified abusers in 38.7% of the cases. The study found that mothers of children who had been abused tended to be younger, have shorter birth intervals, had less prenatal care and were significantly more likely to have had a prior stillbirth or reported abortion or a prior child death. Eighteen percent of the abusing families had one or more stillbirth or abortion vs. only 12% for non-abusing families. Where there were 2 stillbirths or abortions or a combination thereof, abuse was nearly twice as great (4.3% vs. 2.4%). The researchers called these findings "provocative" and concluded that "it is apparent that reproductive history and the circumstances surrounding past pregnancies may provide important clues in eliciting more precisely what family dynamics may be related to subsequent maltreatment." Maternal Perinatal Risk Factors and Child Abuse, M. Benedict, R. White, and D. Cornely, Child Abuse and Neglect 9:217-224 (1985)

Case Studies

The Hostility of Alice

Alice called a lawyer referral service and said she wanted legal assistance in obtaining a divorce from her husband. She stated over the telephone that she had obtained an abortion the previous week. An appointment was set up and Alice came in for an interview accompanied by her husband. It was determined that Alice was a regular church-goer and active in its pro-life and pro-family ministry. However, she was openly hostile and deeply angry at her father who she said had severely abused her when she was young. During the same week as her recent abortion she had physically abused her 9 year old son which was reported to public officials by a public school teacher. Her husband had been opposed to the abortion but now that it had taken place he said he could get over it. It became apparent that the husband was not the basic cause of her difficulty. Alice was referred to a counseling and spiritual healing ministry operated by members of her faith community.

Comments:

The severe anger and hostility of Alice appeared to be rooted in her resentment for abuse suffered as a child. Experts in family dynamics have noted that violence breeds violence, and violence in families tends to perpetuate itself from one generation to the next ... The tendency to treat others in the same way that we ourselves have been treated is deep in human nature. Violence in the Family as a Disorder of the Attachment and Caregiving Systems, John Bowlby, Am. J. Psychoanalysis 44(1):9-31 (1984)

Women may exhibit severe hostility shortly before undergoing induced abortion. It appears to be the case with Alice with her hostility spilling over to precipitate an act of physical abuse against her 9 year old son.
The Neglect of Mercy

Mercy, a four-year old child, was hospitalized with dehydration and malnourishment so severe she almost died. The depressed, despondent mother agreed that the child had been neglected, but reasoned it was because the child had been so quiet and placid. The mother, had little affection for the child, was unobservant of the child’s needs, trembled when she picked him up, and held her stiffly. But, the mother was adamant that the child was hers and resisted the idea of foster home placement.

The mother, pregnant at the age of seventeen, had been coerced by parents and boyfriend into marriage. Yet she enjoyed her first child and looked after it very well. When she became pregnant two months after the birth of her first, her husband (who later left her) continually pressured her into having an abortion. Eventually, she reluctantly agreed, partly based on advice of her doctor, that she had measles. Following the abortion, she felt very guilty, and resentful of those who had persuaded her against her wishes. She often ruminated on whether the child was indeed deformed, but never had the courage to ask her doctor. During her third pregnancy, she was happy. When the baby was born, her husband torbade her to breast-feed because it would embarrass him. The mother gradually began rejecting the child and the father left home.

Comments:

It appears that the neglect resulted from the mother’s depression subsequent to the abortion of her second pregnancy. Guilt and tension surrounding the birth of Mercy further interrupted the formation of the mother-infant bond, so that the mother felt no tension and did not respond to the child’s increasingly feeble cries.

A man may have guilt feelings or anger during his wife’s pregnancy which may occur if his wife has had a previous miscarriage or abortion. The male may feel somehow responsible and if so there is a good chance that he will resent the baby and his wife that much more. Expectant Fathers, Bittman and Zaik (1978, 1980), p. 134. This resentment may adversely affect bonding of the mother to the child.

Prior Abortion, Smoking, and Abuse Linked

A study of 201 infants primarily born to welfare mothers in 1981-82 in a midwest community based obstetrical clinic found that mothers who smoke during pregnancy were 3 times more likely to be referred for subsequent maltreatment than non-smoking mothers (22.6% vs. 7.6%). A prior induced abortion is a risk factor for increased incidence of smoking during subsequent pregnancies. For example, a Danish study of 7327 women in 1974-75 found that 43.1% smoked during pregnancy (28 weeks gestation) if the last pregnancy was terminated by abortion compared to only 32.1% (live birth) or 30.2% (no previous pregnancy).


2. Pregnancy Complications Following Legally Induced Abortion: An Analysis of the Population With Special Reference to Prematurity, Obel, Danish Medical Bulletin 26:192-199 (1979)

Fetal Abuse

A fetus is a possible recipient “par excellence” for projection and displacement of hostile feelings, and also potential injury from self-abusive or self-destructive behavior. Induced abortion increases the risk of fetal abuse in subsequent pregnancies intended to be carried to term. Elevated levels of alcohol consumption have been noted in Scottish women who were pregnant where there was a prior history of induced abortion compared with a history of stillbirth, spontaneous abortion or those with a previous handicapped child. In a study of 12,000 California women in 1975-77 virtually all pregnant women with a history of 2 or more prior abortions consumed alcohol throughout the entire 9 months of their pregnancy and at levels of up to 3 oz. per day. In a study of inner city women enrolled for pre-natal care, those reporting two prior elective abortions were more than twice as likely to be using cocaine and those with 3 or more prior elective abortions were 3 times more likely to be using cocaine compared with non-using controls. This may result in fetal alcohol syndrome, mental retardation, birth defects, low birth weight, poorer growth, congenital malformations and perinatal mortality.


2. The Incidence and Effects of Alcohol and Drug Abuse Following Induced Abortion, T. Strahan, Assoc. for Interdisciplinary Research Newsletter Vol. 3. No 2, Summer 1990