

Psychological harms of abortion restrictions—here's what research shows will happen in post-Roe America

August 25 2022, by Rachel Diamond

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"I'm struggling a bit this morning," a client of mine stated at the start of our session the morning of June 24, 2022. "I just heard on the news about the [decision to overturn Roe v. Wade](#). There was so much for me to process I had to turn it off."

While this client did not have [personal experience](#) with elective abortion,

she had a complicated reproductive history that included a recent pregnancy in which she was unsure if the baby would survive. In our session that day, she recognized how privileged she was to have had a medical team that communicated with her about all available options and potential outcomes for her and the baby. Most importantly, she acknowledged the significance of having a say in the decisions about her reproductive care.

Our session came hours after the fall of Roe, which overturned 50 years of abortion rights. I spent time in that session, and many others that week, with clients talking through the "what-ifs."

[As a therapist and scholar](#) specializing in the mental health of people during the [perinatal period](#), the time frame during pregnancy and postpartum, I've witnessed firsthand the psychological impacts of reproductive traumas across pregnancy and after childbirth. This gives me insights into how new restrictions on [reproductive health care](#) from overturning Roe are inextricably linked to psychological well-being.

Research supports the need for abortion access

Before Roe was overturned, research already demonstrated the importance of access to safe abortions. The landmark [Turnaway Study](#), conducted from 2008 to 2013, examined the effects of receiving versus being denied a wanted abortion by studying [health outcomes](#) of nearly 1,000 women seeking abortions at 30 facilities across the U.S.

Results from that study demonstrated that people were [more likely to experience elevated psychological issues](#), such as anxiety and depression, when denied an abortion compared with people who received one. The study also demonstrated individuals who were denied an abortion were more likely to experience [long-term economic hardship and intimate partner violence](#).

Other research has also shown an [increased risk of suicide](#) for individuals not able to legally terminate an unwanted pregnancy.

Additionally, research shows most women who have an abortion feel they made the right decision. Over 95% of women in a [2020 study](#) reported that abortion was the right decision when looking back over five years, with [previous research](#) also supporting these findings. Yet some states continue to put mandatory waiting periods and counseling into place based on unfounded assumptions that people will regret their decision and have negative psychological consequences.

How abortion bans affect mental health

The perinatal period places people at an increased risk [for the onset](#) and [relapse](#) of mental health disorders. The increased restrictions on receiving abortion care coupled with proven [risk factors](#) for perinatal mood and anxiety disorders could increase people's risks for psychological suffering.

With the overturning of Roe, experts expect that half of U.S. states [will ban abortion health care](#) in the coming months. While this is an ever-evolving landscape, as of late August 2022, 10 states have full abortion bans and five states have banned abortion after six weeks of pregnancy.

A 2019 study projected there would be an [approximately 13% reduction in U.S. abortions](#) in the immediate aftermath of a Roe reversal because of new state restrictions and increased travel distances to get to facilities in states permitting abortions. This equates to between 93,546 and 143,561 women being prevented from having a wanted abortion in the first year post-Roe.

Current statistics suggest that [perinatal mental health disorders affect 1 in 5 women](#) throughout pregnancy and postpartum and upwards of [34%](#)

[report a traumatic birth](#). Risk factors such as negative emotions surrounding childbirth and a perceived lack of control [increase the likelihood for experiencing birth trauma](#). These risk factors are consistent with what a person would face when seeking a wanted abortion and being denied access to reproductive health care.

More risk for those who are already vulnerable

Some sectors of the U.S. population are disproportionately more vulnerable to developing perinatal mood and anxiety disorders than others. Roughly [1 in 3 women of color](#) and up to [60% of low-income women](#) experience mental health concerns during pregnancy or in the year after childbirth. Historically, [Black and Hispanic women](#) also have disproportionately higher abortion rates than white women, as do [low-income women](#).

In a [survey of more than 1,000 abortion patients](#) who were asked about their reasons for having abortions, 48% of [women](#) indicated they did not want to be a [single parent](#) or that they were having relationship problems. These are [two more proven factors](#) associated with risk for perinatal mood and anxiety disorders.

Not only are there increased mental health risks for parents of color and those who are economically disadvantaged, single or experiencing relationship distress, but there are also concerning disparities among these groups in rates for [starting and staying in treatment during the perinatal period](#).

As abortion services become increasingly restricted across the U.S., there are [lesser anticipated impacts on reproductive health care](#) that will also have immense psychological effects. For example, parents who would have otherwise terminated the pregnancy because of severe birth defects or fatal medical issues detected in the fetus will no longer have

this option in some states.

There is already a dearth of resources and support for families of children with disabilities and complex developmental and medical needs, [despite the known higher risk](#) for parental stress and relational difficulties between partners. At this point it is not clear whether [necessary expansion for supports](#) will occur as the needs increase.

Accessing supports post-Roe

In states with abortion bans, there will be [dramatic disparities](#) in people's ability to access abortions. For accurate and up-to-date information on safe and legal abortion care, the U.S. Department of Health and Human Services provides information about [Americans' rights to reproductive health care and resources](#).

With time, the short- and long-term psychological impacts of the post-Roe era will unfold. What is certain now is that mental [health](#) providers should be preparing themselves to respond to the [mental health](#) needs of individuals denied [abortion](#) care as a result of the Supreme Court's decision to overturn Roe v. Wade.

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