

# PRO-LIFE RESOURCE BOOK

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## **INTRODUCTION**

IT IS OUR PRAYER THAT THIS RESOURCE BOOK WILL BECOME A POWERFUL TOOL TO BE USED FOR YOUR CONGREGATION AND YOUR COMMUNITY. AS THE BODY OF CHRIST, WE ARE MANDATED BY HIS HOLY WORD TO STAND, SPEAK UP FOR, AND TAKE ACTION FOR THE SANCTITY OF LIFE.

### **MOTHER TERESA ONCE SAID:**

“AMERICA NEEDS NO WORDS FROM ME TO SEE HOW YOUR DECISION IN ROE V. WADE HAS DEFORMED A GREAT NATION. THE SO-CALLED RIGHT TO ABORTION HAS PITTED MOTHERS AGAINST THEIR CHILDREN AND WOMEN AGAINST MEN. IT HAS SHOWN VIOLENCE AND DISCORD AT THE HEART OF INTIMIDATED HUMAN RELATIONSHIPS. IT HAS AGGRAVATED THE DEROGATION OF THE FATHER’S ROLE IN AN INCREASING FATHERLESS SOCIETY. IT HAS PORTRAYED THE GREATEST GIFT – A CHILD – AS A COMPETITOR, AN INTRUSION, AND AN INCONVENIENCE. IT HAS NOMINALLY ACCORDED MOTHERS, UNFETTERED DOMINION OVER THE INDEPENDENT LIVES OF THE PHYSICALLY DEPENDENT SONS AND DAUGHTERS.”

SHE SURE HAD THAT RIGHT!

**THIS BOOK WILL INFORM, EDUCATE, AND SHOW YOU OPPORTUNITIES TO ASSIST, LOVE, AND SPEAK UP FOR THE SANCTITY OF LIFE.**

# SECTION 1 SCRIPTURES ON LIFE & ABORTION

The following is a list of Scriptures regarding what the Lord says about the preciousness of life.

## 1. Why should we value life?

- “In the beginning God created the heavens and the earth.” **Genesis 1:1**
- “So God created man in His own image, in the image of God He created him; male and female He created them.” **Genesis 1:27**
- “From one man He made every nation of men that they should inhabit the whole earth; and He determined the times set for them and the exact places where they should live.” **Acts 17:26**
- “Know that the Lord is God. It is He, who made us, and we are His, we are His people, the sheep of His pasture.” **Psalms 100:3**
- “This is what the Lord says - your Redeemer, who formed you in the womb; I am the Lord, who has made all things, who alone stretched out the heavens, who spread out the earth by Myself.” **Isaiah 44:24**
- “For by Him all things were created: things in heaven and on earth, visible and invisible, whether thrones or powers or rulers or authorities; all things were created by Him and for Him.” **Colossians 1:16**
- “Yet, O Lord, You are our Father. We are the clay, you are the potter; we are all the work of Your hand.” **Isaiah 64:8**

## 2. Who is the Creator of the unborn?

- “Did not He who made me in the womb make them? Did not the same one form us both within our mothers?” **Job 31:15**
- “Your hands shaped me and made me. Will you now turn and destroy me? Remember that you molded me like clay. Will you now turn me to dust again? Did you not pour me out like milk and curdle me like cheese, clothe me with skin and flesh and knit me together with bones and sinews? You gave me life and showed me kindness, and in your providence watched over my spirit” **Job 10: 8-12**
- “For you created my inmost being; you knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. My frame was not hidden from you, when I was made in the secret place. When I was woven together in the depths of the earth, your eyes saw my unformed body. All the days ordained for me were written in your book before one of them came to be.” **Psalms 139:13-16**

## 3. How is God concerned with the unborn?

- “Listen to me, you islands; hear this, you distant nations; before I was born the Lord called me; from my birth he has made mention of my name.” **Isaiah 49:1**
- “Before I formed you in the womb I knew you, before you were born I set you apart; I appointed you as a prophet to the nations.” **Jeremiah 1:5**
- “Praise be to God and Father of our Lord Jesus Christ, who has blessed us in the heavenly realms with every spiritual blessing in Christ. For he chose us in him before the creation of the world to be holy and blameless in his sight.” **Ephesians 1:3-4**

#### 4. Who is responsible for life and death?

- “The Lord brings death and makes alive; he brings down to the grave and raises up.” **1 Samuel 2:6**
- “And God spoke all these words: You shall not murder (Shed innocent blood).” **Exodus 20:1, 13**
- “You have heard that it was said to the people long ago, “Do not murder, and anyone who murders will be subject to judgment.” **Matthew 5:21**
- “Jesus replied, “Do not murder, do not commit adultery, do not steal, do not give false testimony, honor your father and mothers, and love your neighbor as yourself.” **Matthew 19:19**
- “If you do not oppress the alien, the fatherless or the widow and do not shed innocent blood in this place, and if you do not follow other gods to your own harm, then I will let you live in this place, in the land I gave your forefathers for ever and ever.” **Jeremiah 7:6-7**
- “This is what the Lord says; Do what is just and right Rescue from the hand of his oppressor the one who has been robbed. Do no wrong or violence to the alien, the fatherless or the widow, and do not shed innocent blood in the place.” Jeremiah 22:3 “Have nothing to do with a false charge and do not put an innocent or honest person to death, for I will not acquit the guilty.” **Exodus 23:7**

#### 5. Is man permitted to take life before birth?

- “If men who are fighting hit a pregnant woman and she gives birth prematurely but there is no serious injury, the offender must be fined whatever the woman’s husband demands and the court allows. But if there is serious injury, you are to take life for life...” **Exodus 21:22**
- “This is what the Lord says; “For three sins of Ammon, even for four. I will not turn back my wrath. Because he ripped open the pregnant women of Gilead.” Amos 1:15 “Cursed is the man who accepts a bribe to kill an innocent person.” Then all the people shall say Amen.” **Deuteronomy 27:25**

#### 6. Should a child conceived as a result of rape or incest be aborted?

- “Fathers shall not be put to death for their children, nor children put to death for their fathers; for each is to die for his own sin.” **Deuteronomy 24:16 and Ezekiel 18:2-4, 18:20, Romans 8:28**

#### 7. Should a child who might be born physically deformed or mentally disabled be aborted?

- “The Lord said to him, “Who gave man his mouth? Who make him, deaf or mute? Who give him sigh or makes him blind? Is it not I the Lord?” **Exodus 4:11**
- “Woe to him who quarrels with his Maker, to him who is but a potsherd among the potsherds on the ground. Does the clay say to the potter, “What are you making? Does your work say, ‘He has no hands?’ Woe to him who says to his father, ‘What have you begotten?’ Or to his mother, ‘What have you brought to birth?’ “This is what the Lord says- the Holy One of Israel, and its maker: Concerning things to come, do you question me about my children, or give me orders about the work of my hands?” **Isaiah 45:9-11 and Romans 8:28 & 9:20, Ezekiel 18:2-4 & 20**

#### 8. Should a woman have control over the life in her own body?

- “Sons are a heritage from the Lord, children a reward from him. **Psalms 127:3**
- “For every living soul belongs to me, the father as well as the son- both alike belong to me.” **Ezekiel 18:4**
- **1 Corinthians 6:19-20, 1 Peter 2:16**

#### 9. Is abortion the solution to an unplanned pregnancy?

- “There is a way that seems right to a man, but in the end it leads to death.” **Proverbs 14:12 and Isaiah 49:15**

#### **10. Does God forgive those who have had abortions?**

- "If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness." **1 John 1:9**
- "In him we have redemption through His blood, the forgiveness of sins, in accordance with the riches of God's grace that He lavished on us with all wisdom and understanding." **Ephesians 1:7-8**
- "I, even I, am he who blots out your transgressions, for my own sake, and remembers your sins no more." **Isaiah 43:25**

#### **11. What does the Bible say to those in the abortion industry?**

- "But your eyes and your heart are set only on dishonest gain, on shedding innocent blood and on oppression and extortion." **Jeremiah 22:7**
- "Nothing in all creation is hidden from God's sight. Everything is uncovered and lay bare before the eyes of Him to whom we must give account." **Romans 14:10b-12, Hebrews 4:13, and Proverbs 28:13**

#### **12. What is the Christian's responsibility to the unborn and to the woman with an unplanned pregnancy?**

- "Rescue those being led away to death; hold back those staggering towards slaughter. If you say, "But we knew nothing about this," does not He who weighs the heart perceive it? Does He who guards your life know it? Will He not repay each person according to what he has done?"
- "Learn to do right! Seek justice, encourage the oppressed. Defend the cause of the fatherless, plead the case of the widow." **Isaiah 1:17 and Matthew 25:34-40, Isaiah 58:10, Deuteronomy 27:19, Job 22:5-9, Psalm 68:5, Psalm 146:9, Proverbs 16:25, I Timothy 5:3, James 1:27**

#### **13. What are the responsibilities of the followers of Christ?**

- "This is how we know what love is; Jesus Christ laid down His life for us. And we ought to lay down our lives for our brothers [sisters]. If anyone has material possessions and sees his brother [sister] in need but has no pity on him, how can the love of God be in him? Dear children, let us not love with words or tongue but with actions and in truth." **1 John 3:16-18**
- "You are the light of the world. A city on a hill cannot be hidden. Neither do people light a lamp and put it under a bowl. Instead they put it on its stand, and it gives light to everyone in the house. In the same way, let your light shine before men, that they may see your good deeds and praise your Father in heaven." **Matthew 5:14-16**
- "Religion That God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep one-self from being polluted by the world." **James 1:27**
- "What good is it, my brothers, if a man claims to have faith but has no deeds? Can such a faith save him? Suppose a brother or sister is without clothes and daily food. If one of you says to him, "Go I wish you well; keep warm and well fed," but does nothing about his physical needs, what good it is? In the same way faith by itself, if it is not accompanied by action is dead." **James 2:14-17**
- "Anyone, then, who knows the good he ought to do and doesn't do it, sins." **James 4:17**

## SECTION 2 THE LAW

### Legalization of Abortion

The American Medical Association's quote regarding abortionists in 1871:

*"[W]e discover an enemy in the camp...as hideous a view of moral deformity as the evil spirit could present...a class of men who seek not to save but destroy; men know not only to the profession but to the public as abortionists...men who cling to a noble profession only to dishonor it; false brethren; educated assassins; modern Herods; the executioners."*

Today they say: "**Abortion is a medical procedure.**"

In 1970, New York State legalized abortion on demand in the first 24 weeks of pregnancy. On January 22, 1973, the Supreme Court decisions on Roe v. Wade and Doe v. Bolton made abortion legal throughout the USA up to birth!

Tragically, both Roe (Norma McCovey) and Doe (Sandra Cano) were used by the liberal lawyers and both cases were based on lies. However, both women have become strong Christians and advocates for life. Their story can be read on line. Just Google: [www.thesandracanostory.com](http://www.thesandracanostory.com)

These two Supreme Court decisions legalized abortion up to the time of birth. However, there were restrictions that accompanied the decisions. There were regulations that needed to be followed after the first trimester (up to 12 weeks). Yet, through the course of years, Planned Parenthood fought ferociously to ease these restrictions and won almost every case. Today there are no real restrictions on abortions.

#### The legal facts are:

- A woman no longer needs a real reason to abort.
- Minors in NYS do not need parental consent to have an abortion. In other words a girl 12 years old can go have an abortion and her parents will never know. However if she wants her ears pierced she must have parental consent!
- Abortion centers in NYS are not monitored by the Department of Health.
- The abortionist no longer has to counsel the alternatives to abortion.
- Follow up visits are rarely encouraged.

Today a woman can terminate the life of her child at any time in the pregnancy for any or no reason at all; legally. NYS abortions are done only to 24 weeks but other states will do an abortion up to birth.

In WNY, abortions are done up to 22 weeks into the pregnancy, unless the life of the woman is in danger (very rare today) or the baby (fetus) not growing properly, then the mother can have an abortion as far as 24 week (Viable age).

In Albany they are trying to pass a law that makes it possible for a Certified Physician assistant (Not a doctor) to perform abortions up to 23 weeks or further for the health of the woman. The bill is "RHA 2.796/A.1748-Glick." **We need to contact our politicians and tell them we are against this and pray fervently that our Lord will stop this horrible bill.**

## SECTION 2 FACT SHEET ON STATISTICS IN NEW YORK STATE

### Here are some facts regarding abortion in New York State

- In 2006 there were 121,278 abortions performed in NYS.\*
- In 2014 (the latest statistics as they are always two years behind in releasing the stats) there were 93,299 abortions.\*
- That is a reduction of 27,979 Praise the Lord but we need the count to be zero
- In 2006 there were 10,607 chemical abortions, but in 2014 there were 19,795.\* This is not good because for many reasons. Women are taking chemicals to terminate their pregnancies without know the long term effects of these chemicals. Furthermore they are still go through the struggle of post abortions complications; emotionally and physically.
- Almost half of abortions done in NYS are paid for by NYS Medicaid,\* which is our taxpayer dollars.
- 2nd, 3rd, 4th, 5th, abortions numbers are way down.\* But so much more needs to be done.

\*Source: [https://www.health.ny.gov/statistics/vital\\_statistics/2014/table19.htm](https://www.health.ny.gov/statistics/vital_statistics/2014/table19.htm)

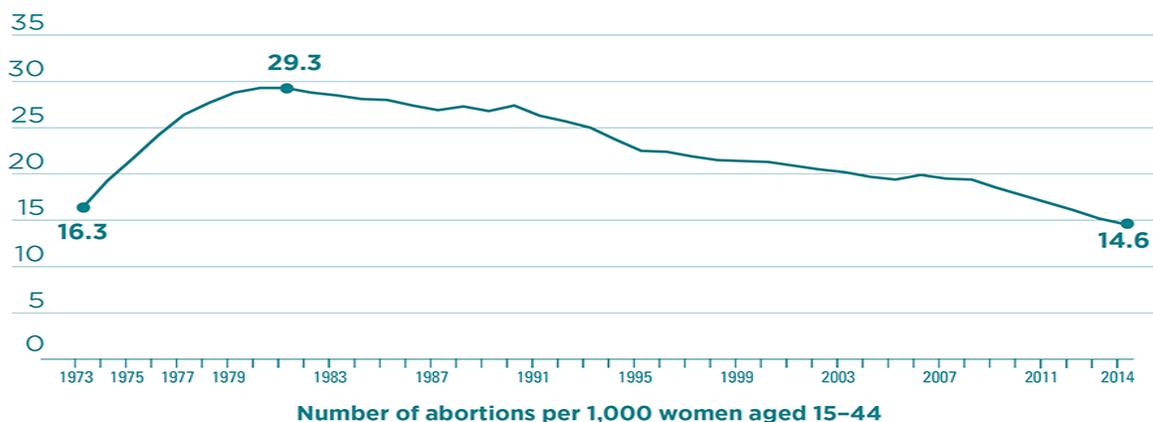
## SECTION 2 FACT SHEET ON INDUCED ABORTIONS IN AMERICA

### Induced abortion in the United States

- Nearly half (45%) of all pregnancies among U.S. women in 2011 were unintended, and about four in 10 of these were terminated by abortion.[1]
- Nineteen percent of pregnancies (excluding miscarriages) in 2014 ended in abortion.[1]
- Approximately 926,200 abortions were performed in 2014, down 12% from 1.06 million in 2011. In 2014, some 1.5% of women aged 15–44 had an abortion.[2]
- The abortion rate in 2014 was 14.6 abortions per 1,000 women aged 15–44, down 14% from 16.9 per 1,000 in 2011.[2] This is the lowest rate ever observed in the United States; in 1973, the year abortion became legal, the rate was 16.3.[3]

#### TRENDS IN ABORTION

#### In 2014, the U.S. abortion rate reached a historic low



## WHO HAS ABORTIONS?

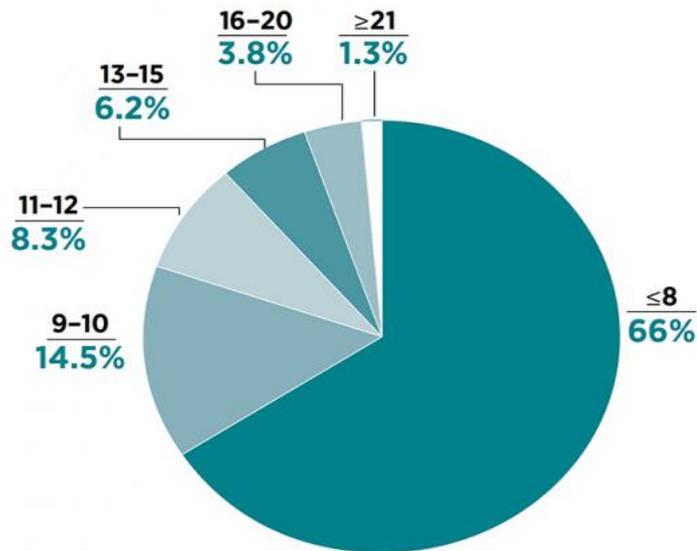
- More than half of all U.S. abortion patients in 2014 were in their 20s: Patients aged 20–24 obtained 34% of all abortions, and patients aged 25–29 obtained 27%.<sup>[4]</sup>
- Twelve percent of abortion patients in 2014 were adolescents: Those aged 18–19 accounted for 8% of all abortions, 15–17-year-olds for 3% and those younger than 15 for 0.2%.<sup>[4]</sup>
- White patients accounted for 39% of abortion procedures in 2014, blacks for 28%, Hispanics for 25% and patients of other races and ethnicities for 9%.<sup>[4]</sup>
- Seventeen percent of abortion patients in 2014 identified as mainline Protestant, 13% as evangelical Protestant and 24% as Catholic; 38% reported no religious affiliation and the remaining 8% reported some other affiliation.<sup>[4]</sup>
- The vast majority (94%) of abortion patients in 2014 identified as heterosexual or straight. Four percent of patients said they were bisexual, while 0.3% identified as homosexual, gay or lesbian and 1% identified as “something else.”<sup>[4]</sup>
- In 2014, some 46% of all abortion patients had never married and were not cohabiting. However, nearly half were living with a male partner in the month they became pregnant, including 14% who were married and 31% who were cohabiting.<sup>[4]</sup>
- Fifty-nine percent of abortions in 2014 were obtained by patients who had had at least one birth.<sup>[4]</sup>
- Some 75% of abortion patients in 2014 were poor or low-income. Twenty-six percent of patients had incomes of 100–199% of the federal poverty level, and 49% had incomes of less than 100% of the federal poverty level (\$15,730 for a family of two).<sup>\*[4]</sup>
- The reasons patients gave for having an abortion underscored their understanding of the responsibilities of parenthood and family life. The three most common reasons—each cited by three-fourths of patients—were concern for or responsibility to other individuals; the inability to afford raising a child; and the belief that having a baby would interfere with work, school or the ability to care for dependents. Half said they did not want to be a single parent or were having problems with their husband or partner.<sup>[5]</sup>
- Fifty-one percent of abortion patients in 2008 were using a contraceptive method in the month they became pregnant, most commonly condoms (27%) or a hormonal method (17%).<sup>[6]</sup>

## PROVIDERS AND SERVICES

- The number of U.S. abortion-providing facilities declined 3% between 2011 and 2014 (from 1,720 to 1,671). The number of clinics providing abortion services declined 6% over this period (from 839 to 788). Ninety percent of all U.S. counties lacked a clinic in 2014, and 39% of women of reproductive age lived in those counties.<sup>[2]</sup>
- In 2011, some 46% of abortion providers offered very early abortions (at four weeks’ gestation or earlier, before the first missed period), and 95% offered the procedure up to eight weeks from the last menstrual period. Seventy-two percent of providers offered abortions up to 12 weeks, 34% up to 20 weeks and 16% up to 24 weeks.<sup>[7]</sup>
- In 2011–2012, the average amount paid for an abortion in a nonhospital setting at 10 weeks’ gestation and with local anesthesia was \$480. The average paid for an early medication abortion up to 9 weeks’ gestation was \$504.<sup>[7]</sup>
- Eighty-four percent of clinics reported at least one form of antiabortion harassment in 2011. Picketing was reported by 80%, and phone calls by 47%. Fifty-three percent of clinics were picketed 20 times or more in a year. Three percent of clinics reported receiving at least one bomb threat in 2011.<sup>[7]</sup>

## WHEN WOMEN HAVE ABORTIONS\*

**Two-thirds of abortions occur at eight weeks of pregnancy or earlier; 89% occur in the first 12 weeks, 2013**



\*In weeks from the last menstrual period.

[www.guttmacher.org](http://www.guttmacher.org)

### EARLY MEDICATION ABORTION

- In September 2000, the U.S. Food and Drug Administration approved mifepristone to be marketed in the United States for nonsurgical abortion.
- According to U.S. Food and Drug Administration guidelines, medication abortion is allowed up to 10 weeks' gestation. The protocol involves two drugs—mifepristone and misoprostol—one of which can be taken at home following a provider visit.
- Medication abortions accounted for 31% of all nonhospital abortions in 2014, and for 45% of abortions before nine weeks' gestation.[2]
- In 2014, some 87% of all nonhospital abortion providers—900 facilities—provided one or more medication abortions. At least 23% of nonhospital providers offered only medication abortion services.[2]
- Medication abortions increased from 6% of all abortions in 2001 to 31% in 2014, even while the overall number of abortions continued to decline. Data from the Centers for Disease Control and Prevention show that the average time of abortion has shifted earlier within the first trimester; this is likely due, in part, to the availability of medication abortion services.[8]

### SAFETY OF ABORTION

- A first-trimester abortion is one of the safest medical procedures and carries minimal risk—less than 0.05%—of major complications that might need hospital care.[9]
- Abortions performed in the first trimester pose virtually no long-term risk of problems such as infertility, ectopic pregnancy, spontaneous abortion (miscarriage) or birth defect, and little or no risk of preterm or low-birth-weight deliveries.[10]

- Exhaustive reviews by panels convened by the U.S. and UK governments have concluded that there is no association between abortion and breast cancer. There is also no indication that abortion is a risk factor for other cancers.[10]
- Leading experts have concluded that among women who have an unplanned pregnancy, the risk of mental health problems is no greater if they have a single first-trimester abortion than if they carry the pregnancy to term.[11]
- The risk of death associated with abortion increases with the length of pregnancy, from 0.3 for every 100,000 abortions at or before eight weeks to 6.7 per 100,000 at 18 weeks or later.[12]

#### **INSURANCE COVERAGE AND PAYMENT**

- Most U.S. abortion patients had health insurance in 2014. Thirty-five percent had Medicaid coverage, while 31% had private insurance.[4] However, insurance does not necessarily cover abortion services, and even when it does, patients may not use their coverage for a variety of reasons (e.g., because they do not know their plan covers it, they are concerned about confidentiality or their provider does not accept their plan).[13]
- Overall, 53% of abortion patients paid out of pocket for their procedure in 2014.[4]
- Medicaid was the second-most-common method of payment, reported by 24% of abortion patients. The overwhelming majority of these patients lived in the 15 states that allow state funds to be used to pay for abortion.[4]
- Fifteen percent of patients used private insurance to pay for the procedure. Most patients with private insurance (61%) paid out of pocket.[4]

#### **LAW AND POLICY**

- Since recognizing a woman’s constitutional right to abortion in 1973 in *Roe v. Wade*, the U.S. Supreme Court has in subsequent decisions reaffirmed that right. The Court has held that a state cannot ban abortion before viability (the point at which a fetus can survive outside the uterus), and that any restriction on abortion after viability must contain exceptions to protect the life and health of the woman. Furthermore, any previability abortion restriction cannot create an “undue burden” by placing a substantial obstacle in the path of a woman seeking an abortion. This “undue burden” standard was established in *Planned Parenthood v. Casey* in 1992 and clarified in the 2016 decision in *Whole Woman’s Health v. Hellerstedt*. The latter affirmed that courts must consider credible evidence when evaluating the constitutionality of abortion restrictions and strike down measures that do not have tangible benefits that outweigh the real-world burdens imposed on women.
- The Hyde Amendment, in effect since 1977, essentially bans federal dollars from being used for abortion coverage for women insured by Medicaid, the nation’s main public health insurance program for low-income Americans. Similar restrictions apply to other federal programs and operate to deny abortion care or coverage to women with disabilities, Native Americans, prison inmates, poor women in the District of Columbia, military personnel and federal employees.[14]
- Although the Hyde Amendment bars federal funds from being used to provide Medicaid coverage of abortion, states may use their own, nonfederal funds. Seventeen states have a policy requiring the state to provide abortion coverage under Medicaid, but just 15 appear to be doing so in practice.[15]
- As of January 1, 2017, at least half of the states have imposed at least one of five major abortion restrictions: unnecessary regulations on abortion clinics, mandated counseling designed to dissuade a woman from obtaining an abortion, a mandated waiting period before an abortion, a requirement of parental involvement before a minor obtains an abortion or prohibition on the use of state Medicaid funds to pay for medically necessary abortions.[16, 17, 18, 19]

- In 2014, some 76% of abortion patients were able to obtain an abortion within seven days of calling to book an appointment. The 7% of abortion patients who had to wait more than 14 days between booking an appointment and obtaining the procedure were more likely to have been exposed to disruptive life events or to live in a state with a required waiting period.[20]
- In 2000, a total of 13 states had at least four types of major abortion restrictions and so were considered hostile to abortion rights.[21] By 2016, this category included 27 states.[22] The proportion of U.S. women of reproductive age living in hostile states rose from 31% to 57% during this time period.
- In contrast, the number of states that were supportive of abortion rights fell from 17 to 12 between 2000 and 2016. The proportion of women of reproductive age living in supportive states declined from 40% to 30% over this period.[22]

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**Figure 1:** Trends in abortion / In 2014, the U.S. abortion rate reached a historic low / Source: **reference 2.**

**Figure 2:** When women have abortions / Two-thirds of abortions occur at eight weeks of pregnancy or earlier; 89% occur in the first 12 weeks, 2013 / Source: Calculated from the Centers for Disease Control and Prevention’s annual abortion surveillance summary (reference 7), with adjustments for changes in states reporting data.

## Footnotes

\*Poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 USC 9902(2).

<https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>

## SECTION 3 HOW WE BEGAN: FETAL DEVELOPMENT

**“For You created my inmost being; You knit me together in my mother’s womb. I praise You because I am fearfully and wonderfully made...” Psalm 139:13-15**

### **Unborn Babies Feel Anger and Joy, Psychotherapist’s Study Says** (LifeNews Article)

They are happy. They are angry. They are fearful. They like music. And already, they like sweet treats. In fact, babies in utero experience a wide range of sensory input at a much earlier stage of development than once believed. That’s the result of a study from Heidelberg psychotherapist Ludwig Janus, reported February 9 on kath.net, the on-line German-language Catholic newspaper.

Dr. Janus’ research showed that the unborn child can already feel emotions, such as anger and joy. According to him, there is a close connection between mother and child, through which the developing fetus “is confronted with a whole range of feelings and sympathizes with them.” So the unborn baby could be angry in the womb or have fear, but also feel joy and satisfaction.

By eight weeks, the fetus has developed a sense of touch. Ultrasound images show the fetus, for example, reaching to touch a strip along the umbilical cord to reach the uterine wall and grope its surroundings.

The sense of taste can be tested as early as thirteen weeks. Janus reported that just as newborn infants like the taste of sweet fruit water, so does the developing fetus prefer sweeter tastes; and U.S. researchers at the Monell Chemical Senses Center (Philadelphia) demonstrated that the fetus will swallow more of the amniotic fluid if it is sweet, rather than bitter.

At seventeen weeks, the developing child has a well-developed sense of hearing—experiencing first the mother’s heartbeat, the sound of her blood and the rumblings of the stomach and intestines, later the maternal voice, and then other voices, music and everyday sounds. When scientists played “Twinkle, Twinkle, Little Star” five times per week at this stage of development, then measured brain waves after birth, the newborn group who had heard the song in utero responded positively to the tune. Ludwig Janus, quoted in a Saxon newspaper, said, “We are experiencing in the womb, sentient beings and capable of receiving sensory stimuli from our environment and process.”

The sense of sight is complicated. Nuremberg perinatal expert Dr. Franz Kainer reported that the eyes are fully formed by the sixteenth week, but it takes until the 25th week before they are fully operational. At that stage, they are open and moving freely during periods of wakefulness, and closed for sleep. Visual acuity has not yet been fully tested, though, in the darkened environment of the womb.

The sense of smell does not come into play in the womb, because it can’t operate in the liquid environment. However, soon after birth the sense of smell assumes great importance, as it will help the baby to recognize the mother and to find the way to her nipples.

<http://www.lifenews.com/2014/02/12/unborn-babies-feel-anger-and-joy-psychotherapists-study-says/>

## Fetal Development (Article by American Pregnancy Association)



### The First Trimester of Pregnancy

#### Week 1 & 2 – Gestational Age

Your menstrual period has just ended, and your body is getting ready for ovulation. For most women, ovulation takes place about 11 – 21 days from the first day of the last period. During intercourse, several hundred million sperm are released in the vagina. Sperm will travel through the cervix and into the fallopian tube. If conception takes place, the sperm penetrates an egg and creates a single set of 46 chromosomes called a zygote, which is the basis for a new human being. The fertilized egg spends a couple days traveling through the fallopian tube toward the uterus, dividing into cells; it is called a

morula. The morula becomes a blastocyst and will eventually end up in the uterus. Anywhere from day 6-12 after conception, the blastocyst will imbed into the uterine lining and begin the embryonic stage.

#### Week 3 – Gestational Age (Fetal Development – Week 1)

The embryo is going through a lot of basic growth at this time, with the beginning development of the brain, spinal cord, heart, and gastrointestinal tract.

#### Week 4 & 5 – Gestational Age (Fetal Development – Weeks 2 & 3)

Arm and leg buds are visible, but not clearly distinguishable. The heart is now beating at a steady rhythm. The placenta has begun to form and is producing some important hormones including hCG. There is movement of rudimentary blood through the main vessels. The early structures that will become the eyes and ears are forming. The embryo is  $\frac{1}{4}$  inch long by the end of these weeks.

#### Week 6 – Gestational Age (Fetal Development – Week 4)

The formation of the lungs, jaw, nose, and palate begin now. The hand and feet buds have webbed structures that will become the fingers and toes. The brain is continuing to form into its complex parts. A vaginal ultrasound can possibly detect an audible heartbeat at this time. The embryo is about  $\frac{1}{2}$  inch in length.

#### Week 7 – Gestational Age (Fetal Development – Week 5)

At 7 weeks gestation, every essential organ has begun to form in the embryo's tiny body, even though it still weighs less than an aspirin. The hair and nipple follicles are forming, and the eyelids and tongue have begun formation. The elbows and toes are more visible as the trunk begins to straighten out.

#### Week 8 – Gestational Age (Fetal Development – Week 6)

The ears are continuing to form externally and internally. Everything that is present in an adult human is now present in the small embryo. The bones are beginning to form, and the muscles can contract. The facial features continue to mature, and the eyelids are now more developed. The embryo is about 1 inch long and is the size of a bean.

### **Weeks 9 thru 13 – Gestational Age (Fetal Development – Weeks 7 thru 11)**

At 10 weeks, the embryo is at the end of the embryonic period and begins the fetal period. The fetus has grown to about 3 inches in length and weighs about an ounce. The genitalia have clearly formed into male or female, but still cannot be seen clearly on an ultrasound. The eyelids close and will not reopen until the 28th week of pregnancy. The fetus can make a fist, and the buds for baby teeth appear. The head is nearly half the size of the entire fetus.



### **The Second Trimester of Pregnancy**

#### **Weeks 14 Thru 16 – Gestational Age (Fetal Age – Weeks 12 Thru 14):**

The fetus's skin is transparent and a fine hair called lanugo begins to form on the head. The fetus begins sucking and swallows bits of amniotic fluid. Fingerprints which individualize each human being have now developed on the tiny fingers of the fetus. Meconium is made in the intestinal tract and will build up to be the baby's first bowel movement. Flutters may be felt in the mom's growing abdomen, as the fetus

begins to move around more. Sweat glands have developed, and the liver and pancreas produce fluid secretions. The fetus has reached 6 inches in length and weighs about 4 ounces.

#### **Weeks 17 Thru 20 – Gestational Age (Fetal Age – Weeks 15 Thru 18):**

The baby has reached a point where movements are being felt more often by the mother. The eyebrows and eyelashes grow in, and tiny nails have begun to grow on the fingers and toes. The skin of the fetus is going through many changes and begins to produce vernix at the twentieth week. Vernix is a white pasty substance that covers the fetus' skin to protect it from amniotic fluid. A fetal heartbeat can be heard by a stethoscope now. The fetus has reached a length of 8 inches and weighs about 12 ounces.

#### **Weeks 21 Thru 23 – Gestational Age (Fetal Age – Weeks 19 Thru 21):**

Lanugo now covers the fetus's entire body. The fetus is beginning to have the look of a newborn infant as the skin becomes less transparent while fat begins to develop. All the components of the eyes are developed. The liver and pancreas are working hard to develop completely. The fetus has reached about 10-11 inches in length and weighs about 1 – 1 ¼ pounds.

#### **Weeks 24 Thru 26 – Gestational Age (Fetal Age – Weeks 22 Thru 24)**

##### *Beginning The Third Trimester:*

If your baby was delivered now, it could survive with the assistance of medical technology. The fetus has developed sleeping and waking cycles and mom will begin to notice when each of these takes place. The fetus has a startle reflex, and the air sacs in the lungs have begun formation. The brain will be developing rapidly over the next few weeks. The nervous system has developed enough to control some functions. The fetus has reached about 14 inches in length and weighs about 2 ¼ pounds.



## The Third Trimester of Pregnancy

### **Weeks 27 Thru 32 – Gestational Age (Fetal Age – Weeks 25 Thru 30):**

The fetus really fills out over these next few weeks, storing fat on the body, reaching about 15-17 inches long and weighing about 4-4 ½ lbs by the 32nd week. The lungs are not fully mature yet, but some rhythmic breathing movements are occurring. The bones are fully developed, but are still soft and pliable. The fetus is storing its own calcium, iron and phosphorus. The eyelids open after being closed, since the end of the first trimester.

### **Weeks 33 Thru 36 – Gestational Age (Fetal Age – Weeks 31 Thru 34):**

This is about the time that the fetus will descend into the head down position preparing for birth. The fetus is beginning to gain weight more rapidly. The lanugo hair will disappear from the skin, and it is becoming less red and wrinkled. The fetus is now 16-19 inches and weighs anywhere from 5 ¾ lbs to 6 ¾ lbs.

### **Weeks 37 Thru 40 – Gestational Age (Fetal Age – Weeks 35 Thru 38):**

At 38 weeks the fetus is considered full term and is ready to make its appearance at any time. As your baby becomes bigger, you may notice a change in fetal movement. If you notice a decrease in fetal movement, make sure to talk with your doctor. The fingernails have grown long and will need to be cut soon after birth. Small breast buds are present on both sexes. The mother is supplying the fetus with antibodies that will help protect against disease. All organs are developed, with the lungs maturing all the way until the day of delivery. The fetus is about 19 – 21 inches in length and weighs anywhere from 6 ¾ lbs to 10 lbs.

<http://americanpregnancy.org/while-pregnant/first-trimester/>

## SECTION 4 TESTIMONY FROM INSIDE THE ABORTION CENTER

**This is a testimony of what transpires inside the abortion center from a young man who took his friend to have an abortion in Buffalo written exactly how it was received**

"Ok, I've been putting this off with a sense of dread but here it is. First thing you have to do is hold up your ID to a scanner when you walk into that place and they buzz you in. Then a metal detector and another door to get buzzed in. There is a small hall with a junk food machine. We were there for eight hours. Probably about twenty people sitting in this waiting room when you check in at the desk. Soon they call your name and I watched this girl (counselor) come out with a big smile on her face. Every time. They take you in a little room and explain what they call the "procedure", never using the word abortion. Reminded me of Obama never using the words "Islamic Terror". They ask once why you want this and my friend said that she wasn't ready to take care of a baby. And that was the end of the discussion. She could have said that she wasn't sure if the daddy might have been a dill pickle. No discussing of options at all. Then it was later in the afternoon and the machine starts up. One at a time they take them in for the "procedure" this takes 8 minutes and 45 minutes of recovery. I've heard the term abortion mill before but never really thought of what it meant. They really just herd them through. I guess from a business standpoint it's pretty efficient. One after another. Then they send them off, half doped up with a couple of pads and a list of doctors for a follow-up 5 weeks later. The people that work there just go about their work likes it's nothing. They must be numb to it. There's a plaque on the wall honoring Dr. Slepian for his courage, bravery and sacrifice. And the clients. They sit there playing on their cell phones and bitching about the wait. I mean, they might as well be waiting for a dental check-up or a flu shot. It was an eye opening experience....was sad."

## SECTION 4 FETAL DEATH CERTIFICATE

**On the following page you will find a copy of the instructions for completing a Fetal Death Certificate used in NYS.**



## SECTION 4 ABORTION PROCEDURES

### What are the methods of abortion & at what stages of pregnancy are they used?

The following abortion methods are used regularly in the United States. Saline abortions are no longer performed.

**D & C (Dilation and Curettage)/Suction Aspiration—6-12 weeks**

**D & E (Dilation and Evacuation)—12-24 weeks**

**D & X (Dilation and Extraction or Partial Birth Abortion)—24-36 weeks**

**Prostaglandin or Live Birth Abortion—second or third trimester**

**RU-486 (Early chemical abortion)—up to 56 days gestation**

(Graphic) Diagrams of the various abortion methods and photographs of aborted babies can be seen on the Priests for Life website, [www.priestsforlife.org/images/abortion-images-galleries.aspx#procedures](http://www.priestsforlife.org/images/abortion-images-galleries.aspx#procedures).

#### **How is a suction/D & C abortion performed?**

A suction/D & C abortion is performed when the fetus is 6-12 weeks. The cervix is opened using an osmotic dilator. Then a curette (a thin metal rod with a knife-sharp loop at the end) is inserted into the uterus. The curette is used to dismember the fetus.

After this, a cannula (a hollow plastic tube) attached to a suction aspirator is inserted to remove the fetus, placenta and uterine lining. These are captured by a stockinet attached to the end of the suction tube.

To avoid the risk of infection or hemorrhaging, the contents of the stockinet are examined to be sure all fetal parts have been removed.

#### **How is dilation and evacuation abortion (D & E) performed?**

A D & E abortion is performed in the second trimester (12-24 weeks) and is usually a 2-3 day procedure. At this stage of pregnancy, the fetus' tendons, muscles, and bones are more developed. The cervix has closed more tightly and must be dilated enough to remove the larger fetus.

To aid in cervical dilation, laminaria (dried seaweed sticks) are inserted into the cervix. The dilation process can take 1-2 days depending on the size of the fetus.

Once the cervix is sufficiently dilated, the laminaria are removed. Forceps are inserted into the uterus to forcibly dismember the fetus. The skull is then crushed and removed. A suction aspiration is then introduced to remove any remaining fetal parts, the placenta and uterine lining.

#### **How is a partial birth abortion (D & X) performed?**

The D & X abortion is used in late second and third trimesters (24-36 weeks). As with the D & E, the cervix must be dilated using laminaria.

Forceps are then introduced into the uterus to grasp the baby's legs. The baby is delivered breech while the head remains inside the birth canal. Using blunt-tipped surgical scissors, the base of the skull is pierced and a suction catheter is inserted to extract the brain. This causes the skull to collapse and the dead baby is

then fully delivered.

Sometimes, while the child is partially delivered and still alive, the organs are removed and sold for fetal tissue experimentation (an illegal practice).

### **How is a live birth abortion (prostaglandin) performed?**

A Prostaglandin or Live Birth Abortion is done in the second or third trimester. Prostaglandins are naturally occurring chemical compounds which assist in the birthing process. For the abortion procedure, artificial prostaglandins are injected into the amniotic sac which induces violent labor and leads to the birth of a child usually too young to survive.

Often salt or another toxin is first injected to ensure that the baby will be delivered dead, since some babies have survived the trauma of a prostaglandin abortion and been born alive.

### **How is a Saline abortion performed?**

Saline solution (salt water) is a form of second trimester abortions. Usually it cannot be done until the 16th week of pregnancy when enough amniotic fluid is in the sac around the fetus. A long needle is inserted through the mother's abdomen (usually right through the navel) directly into the amniotic sac. Some of the amniotic fluid is drawn out and then is replaced with a strong salt solution.

The saline is absorbed through the lungs and digestive tract of the fetus. The outer layer of skin is burned off by the high concentration of salt. It is basically a slow poisoning process, and the fetus will take from one to six hours to die.

The mother may experience discomfort during this process, because the fetus struggles and sometimes goes into convulsions. Saline solution also brings on labor, although often other drugs are given to speed the process.

### **The MTX Medical Abortion**

The first chemical is called MTX (methotrexate). It is an anti-cancer drug, part of a family of medications that are very effective at fighting cancer and other extremely serious diseases. They attack diseased cells and break them down. MTX is a dangerous chemical that is normally used very cautiously in the treatment of disease. The second chemical is called misoprostol. It is used together with the first chemical in non-surgical abortions.

The first chemical (methotrexate) works on cancer cells by slowing their growth. It acts the same way on a tiny baby in the womb. It attacks the baby's fast-growing cells. This also attacks the life-support system this tiny human being needs to survive. The life support system fails, and the baby dies. In the next step, the second chemical (misoprostol) is inserted into the woman's vagina. This causes contractions, which push the dead baby out of the womb.

During her first visit to office or clinic, the woman receives an injection of the first chemical (methotrexate), which will kill her preborn child. She is then given a suppository of the second chemical (misoprostol), which will be used later, and she is sent home. At home, four to seven days later, the woman inserts the suppository into her vagina. The chemical will then cause contractions, and the dead baby will be pushed out. The woman then returns to the doctor's office or clinic for another examination. If the doctor finds that the abortion was not complete, the woman will be scheduled for a surgical abortion.

### **How is a chemical abortion (RU-486) performed?**

RU-486 is a chemical (rather than a surgical) abortion, performed up to 56 days gestation. RU-486 requires at least three visits to the doctor's office or clinic.

At the first visit, the woman is given a physical exam and is administered mifepristone. RU-486 blocks the action of progesterone, the natural hormone vital to maintaining the lining of the uterus. The embryo starves as the nutrient lining disintegrates.

At a second visit, 36-48 hours later, the woman is given a dose of artificial prostaglandins, usually misoprostol, which initiate uterine contractions and usually cause the embryo to be expelled from the uterus.

Most women abort during the four hour waiting period, but about 30% abort as many as five days later— at home, work, etc.

A third visit about 2 weeks later determines whether the abortion has occurred or if a surgical abortion is necessary to complete the procedure.

## **SECTION 4 FORCED ABORTION**

### **Forced Abortion in America**

#### *Unwanted abortions and other risks and human rights abuses*

#### **The Un-Choice:**

- 64% of women reported feeling pressured to abort.<sup>1</sup>
- Most felt rushed or uncertain, yet 67% weren't counseled.<sup>1</sup> • 79% weren't told of available resources.<sup>1</sup>
- 84% weren't sufficiently informed before abortion.<sup>1</sup> • Pressure to abort can escalate to violence.<sup>2</sup>
  - Homicide is the leading killer of pregnant women.<sup>3</sup>
  - Clinics fail to screen for coercion.<sup>4</sup>
  - Women nearly 4 times more likely to die after abortion.<sup>5</sup>
  - Suicide rates 6 times higher after abortion.<sup>6</sup>
  - 65% of women suffer trauma symptoms after abortion.<sup>1</sup>

#### **Unwanted Choice: Most abortions are unwanted or coerced. Many are forced.**

Most abortions are unwanted or coerced and many are forced, sometimes violently. Escalating pressure to abort can come from employers, husbands, parents, doctors, partners, profit-driven abortion businesses, landlords, friends and family, or even trusted financial, personal, school or religious guides, gatekeepers or authorities. They may be negligent in telling young or vulnerable individuals or couples about available resources. They may misrepresent information or present false information as fact. They may threaten or blackmail.

These are not idle threats. Coercion can escalate to violence. As this report shows, women who resist abortion have been beaten, tortured and killed. Some have been forcibly injected with drugs, secretly given

veterinary or other abortifacient drugs to force a miscarriage. Others were the victim of hit men hired to injure or kill the baby, the mother, or both.

Sometimes, the threats involve blackmail or loss of one's home or job, or the exploitation of those facing a crisis. In one case, an employer threatened to push his pregnant employee down the stairs if she didn't agree to have an abortion. In another case, a maternity-shop retailer fired pregnant employees. In yet another, a homeless woman was denied shelter until she agreed to an abortion. Often, such pressure comes from all sides and can escalate.

### **Coerced Choice ... Taken to the Clinic to Make Sure She Keeps the Appointment**

A former abortion clinic security guard testified before the Massachusetts legislature that the greatest threat to women at abortion clinics were the men who accompanied them.<sup>7</sup> Many women are also pressured by clinic staff financially rewarded for selling abortions.<sup>8</sup>

### **Forced Choice...Threats Can Escalate to Violence or Homicide – the Leading Killer of Pregnant Women**

Many pregnant women have been killed by partners trying to prevent the birth. Simply being pregnant places women at higher risk of being attacked.<sup>9</sup> Homicide is the leading cause of death among pregnant women.<sup>3</sup> Women are aware of these risks. 92% of women surveyed list domestic violence and assault as the women's issue that is of highest concern to them.<sup>10</sup>

### **Uninformed Non-Choice ... “When I learned the truth, I can't tell you how betrayed I felt.”**

- 54% were unsure of their decision, yet 67% received no counseling beforehand.<sup>1</sup>
- 84% were inadequately counseled beforehand.<sup>1</sup>
- 79% not told or deceived about available resources.<sup>1</sup>
- Many were misinformed by experts about fetal development, abortion alternatives or risks.<sup>11</sup>
- Many were denied essential personal, family, societal or economic support.<sup>11</sup>

**Unsafe Choice...Americans Concerned About Coercion & Risks; Support Research & Screening.** Nearly half of voters believe coerced abortion is common. They believe negative effects are more common than generally reported. They'll support candidates who advocate legislation holding abortionists liable for failing to screen for evidence of coercion.<sup>12</sup> Nearly 80% of abortions take place in non-hospital facilities, ill-equipped for emergency care.<sup>13</sup>

- 31% had health complications afterwards.<sup>1</sup>
- 65% suffer multiple symptoms of post-traumatic stress disorder.<sup>1</sup>
- 65% higher risk of clinical depression.<sup>14</sup>
- 10% have immediate complications, some are life-threatening.<sup>15</sup>
- 3.5x higher risk of death from all causes.<sup>5</sup>
- Suicide rates are 6 times higher if women abort vs. giving birth.<sup>6</sup>

Elliot Institute: AfterAbortion.org | Fact Sheets & Healing: TheUnChoice.com

<http://www.theunchoice.com/pdf/FactSheets/ForcedAbortions.pdf>

## SECTION 4 PHYSICAL RISKS FROM ABORTION

**One physical risk is breast cancer's link to abortion. The following story explains.**

### **From Fairy Tale to Tragedy**

Breast Cancer's Link to Abortion

**THIS IS THE STORY of a girl who had everything in the world and lost it all.**

Robin's early life was a fairy tale. She had glamour, brains, talent, athletic ability, and popularity. In high school, she excelled at everything, including gymnastics and swimming. She spent her summers as a lifeguard, every teen's dream job. Anything she wanted, she got. Her first serious goal was to be a runner, so in college she tried out for the women's track team. She was accepted as a walk-on and did well.

After college her goal was to wind-surf in Hawaii. She spent two years there, wind-surfing competitively, and modeling swimsuits on the side. When she returned to the mainland, she wanted to travel, so she became a flight attendant and flew all over the world for a number of years.

Then, of course, she met the perfect man and they had the perfect wedding in a chapel on the cliffs overlooking the Pacific Ocean. They even went to Tahiti on their honeymoon. They had lots of money, a lovely home, and brilliant friends, and traveled wherever they wished.

Only one thing troubled Robin that first year of marriage. She had a fairly large lump in her left breast. Her doctor told her that she was too young to have breast cancer, but to get a mammogram sometime - no urgency. Nothing showed on the mammogram. But the lump continued to bother her so she went to another doctor who did the correct scan for younger breast tissue - a sonogram, which detected a large, aggressive tumor that was malignant. Though there was no history of breast cancer in Robin's family, this amazingly strong (she was still running six miles a day), trim, healthy-looking girl had very advanced breast cancer. And one important detail had emerged.

"Did you ever have an abortion?" was the first question Robin's oncologist asked her. Her answer was yes, she had had two abortions before her marriage. Oncologists were beginning to observe an upswing in incidences of breast cancer in 20- to 30-year-olds since Roe v Wade in 1973. Normally the disease had occurred in women in their late 50s and older, for other reasons. Scientific studies were now finding that abortion could increase a woman's risk of getting breast cancer by 40% <sup>(1)(2)</sup> to 90% <sup>(3)(4)</sup>. This is because pregnancy produces an increase in estrogen in the breasts, creating milk-producing cells. When a pregnancy is terminated by abortion, breasts are left with a cessation of cell differentiation, and these cells are now vulnerable to cancer. Miscarriage has no significant effect on risks because these pregnancies don't produce enough estrogen. However, studies have shown that use of oral contraceptives (the estrogen factor) also increases breast cancer risk. <sup>(1)</sup>

The rest of the story is not very pleasant. Robin's treatment included a mastectomy, followed by high-dose chemotherapy and radiation. This amount of chemo, which was intended to kill the cancer, also killed her ovaries so she would never be able to have children. Despite this aggressive therapy, the cancer returned a year later. Her marriage shattered under the trauma, and Robin was left alone. For Robin, her earthly life was lost. She returned to her hometown to be near family, and lived a very small, quiet, and lonely life - still independent until her final months, when her mother came to care for her.

The one enormous blessing is that in her despair, Robin turned to Jesus. She realized that her breast cancer was the natural consequence of sin - that she had not only taken the lives of her unborn children,

but she had abused and disregarded God's plan for body and her life. She repented, received His forgiveness, and spent the rest of her days in loving relationship with Him.

Robin studied the Word daily and she discovered that God, as a wise and loving Father, has given us guidelines for healthy ways to live that would avoid such disasters. He created us; He knows how our bodies and minds are wired, and He designed all our functions for specific, healthy purposes ("Then the Lord God made a woman from the rib he had taken out of the man, and He brought her to the man", Genesis 2:22)

For a woman, the natural child-bearing function of her body is to be protected and honored. Sexual intimacy is the gift God gives to married men and women to bind them together ("...a man will...be united to his wife, and they will become one flesh", Genesis 2:24), to enhance their love, and to populate the earth. If sex is reserved for couples who are married and ready to have children, the natural order of God's creation is followed.

Robin found that His guidelines are for our own good to give us the perfect lives He has planned for us ("For I know the plans I have for you", declares the Lord, "plans to prosper you and not to harm you, plans to give you a hope and a future", Jeremiah 29:11). When we stray from His guidelines, we will surely experience huge failures that keep us from being the people He intended us to be. Casual sex and abortion are some of the ways people today have made their own rules for their lives and turned away from God's principles. When those principles are ignored, we must remember that God cannot bless us when we live in rebellion to His ways.

So Robin would plead with you that if you are considering abortion, please don't. Let your baby live, and then choose chastity until you are married. Make sure your salvation is secure and don't take any chances of missing out on the many blessings God has for your life. If you have already failed, repent, be forgiven, and choose "secondary virginity" as the way to live your New Life in Christ. Protect your body from all that would hurt or destroy it, and pray always for strength to resist temptation and for wisdom in making choices.

Robin's grief was immense. Her one consolation, other than knowing she was redeemed, is that during her last few years, she was given the privilege of influencing her sister and her sister's family to accept the Lord. And she often spoke with anticipation of the joy she would have in eternity with Jesus and also with her children - the ones she never knew. We love to think of her that way - happy, healthy, in the presence of Jesus, and getting to know her children - at long last, being their mother ("...a crown of beauty instead of ashes," Isaiah 61:3). I think of those children often, because they are my grandchildren and I am Robin's mother. And I also look forward to that joyful reunion for all of us. But I still grieve with Robin at the enormously high price she paid for her years of rebellion.

If this story convinces you to refuse abortion - or better yet, to choose chastity before marriage and to live life that honors your Creator, then He gets the praise for using Robin's story to save others. And we can say, "Thank You, Jesus-Your will be done."

1) Jessica Dolle et al. *Cancer Epidemiology Biomarkers & Prevention* (2009); 18(4)1157-1166

2) J. Brind et al., "Induced abortion as an independent risk factor for breast cancer: a comprehensive review and meta-analysis", *Journal of Epidemiology & Community Health* 50 (1996): 481-496

3) Holly L. Howe et al., "Early Abortion and Breast Cancer Risk Among Women Under Age 40", *International Journal of Epidemiology* 18, no. 2 (1989): 300-304

4) Angela E. Lanfranchi et al., "Breast Cancer and Induced Abortion: A Comprehensive Review" *Breast Cancer Prevention Institute, Issues in Law & Medicine*, Vol. 29, No. 1 (2014)

## Breast Cancer: Risks & Choices

The American Cancer Society reports that almost one of every seven women in the United States will develop breast cancer by age 85. It has become the leading cause of cancer death in women up to age 55. Many of the factors which put women at risk cannot be controlled. For example, women can't control their family history, their age or whether their menstrual cycle starts early or ends late in life. But medical researchers are now realizing that women can choose to control some of the risk factors for breast cancer, such as diet, by the choices they make.

Choosing to have a child or terminate a pregnancy can also impact on the risk of breast cancer. There is now evidence that when a normal pregnancy is aborted, it predisposes a woman to getting breast cancer later in life.

If you fall into one or more of the categories below, see your doctor about breast cancer detection information. For more specific information about the link between breast cancer and abortion, read the following interview with medical researcher Dr. Joel Brind.

### Are You At Risk?

- Older than age 40?
- Personal history of breast cancer (already have had cancer in one breast)?
- Personal history of benign proliferative breast disease?
- Family history of breast cancer (mother, sister, aunt and/ or grandmother)? Risk increases if these relatives had it in both breasts and if it occurred before menopause.
- Never giving birth, or not giving birth until after age 30?
- Overweight after menopause?
- Menstrual periods started early and/or ended late in life?
- Personal history of ovarian cancer?
- Previous chest area radiation as a child or young woman?
- Oral contraceptive use?
- Recent hormone replacement therapy use for more than 5 years?
- Drink 2-5 alcoholic drinks a day?
- Had a pregnancy, especially the first pregnancy, which resulted in an induced abortion? This risk is substantially greater for women who have a family history of breast cancer, or who have had an abortion before age 18 or after age 30.

### Interview with Dr. Joel Brind

#### **Q. How can abortion ultimately cause breast cancer?**

**A.** Almost all of the risk factors which are known to increase the risk of breast cancer are associated with some kind of excess exposure to the main female sex steroid hormone, estrogen. The theory on how this works in an abortion is quite simple.

The biggest surge of estrogen occurs in the first trimester of pregnancy, stimulating the growth of breast tissue. Toward the end of the pregnancy other hormones kick in that make the breast tissue mature. These hormones also remove cells that are not needed. Once the mature cells are ready to produce milk, they are no longer in growing mode. Consequently, they are much less likely to be subject to the effects of carcinogens, the substances that produce cancer.

If you have an abortion during the first 32 weeks of the pregnancy, you get all these growth-promoting

effects on the tissues because of the big surge of estrogen. Without the differentiating and maturing effects of the later hormones, the net result is the opposite of what you find in a full-term pregnancy. It's known that a full term pregnancy, especially when it is early in a woman's reproductive life, is protective against breast cancer. But an early abortion not only does not confer that protection but instead causes increased risk. Thus, the extra estrogen ultimately can cause abnormal cells to grow into full blown cancer.

**Q. Does a miscarriage (a spontaneous abortion) also lead to increased breast cancer risk?**

**A.** Generally, no. Studies have now consistently shown that most miscarriages - at least, first trimester miscarriages - do not confer increased breast cancer risk.<sup>1</sup>

**Q. Why wouldn't a miscarriage carry an increased risk as well as an induced abortion?**

**A.** In simple terms, spontaneous abortion is the natural termination of an abnormal pregnancy. This is a much different event than an induced abortion, which is the artificial termination of a normal pregnancy. Most pregnancies which end in a spontaneous abortion do not produce the same high levels of estrogen as are produced by a normal pregnancy.<sup>2,3</sup> Thus, there is not such a substantial stimulation of breast growth. It is not the low estrogen which causes the miscarriage, but low levels of another hormone, progesterone. Since the estrogen is made from progesterone, estrogen levels are also low; too low to significantly increase the future risk of breast cancer.

**Q. Of the women who will have abortions this year, how many cases, based on your research, will result in breast cancer?**

**A.** Of the 500,000 women every year who get abortions and who have never had a full-term pregnancy, you are increasing the average lifetime risk among them by at least 50 percent. By the year 2040 you are going to see 40,000-50,000 breast cancer cases minimum single year, that are due to induced abortions.

**Q. Is there any difference in the severity of cancer because of the abortion history?**

**A.** There are few studies which address this question ever, there is presently no consistent evidence difference in the severity of the disease overall cancer which occurs before menopause is know more rapidly and have a lower survival rate. Ma breast cancers that are attributable to induced occur in premenopausal women.<sup>5</sup>

**Q. When a woman visits her doctor, should she inform doctor of her history of abortion during the breast exam and ask about the added risk of breast cancer?**

**A.** Absolutely, but because of the emphasis on the recent NCI workshop and the Lancet "reanalysis," most doctors are unaware of the valid scientific studies linking and breast cancer. You might even want to give them this pamphlet so they can research the topic themselves.

**Q. What are the risk factors for someone in this category?**

**A.** The risk of breast cancer among the general population of women is now over 13 percent. Among women who have no children it is more like 20 percent. And among women who have no children and also have one or more abortions it's probably close to 50 percent. And an even more ominous association was uncovered by the large National Cancer Institute study published in 1994. Out of 1,800 subjects under age 45, 12 had a positive family history of breast cancer and also had an abortion before age 18. All 12 were in the breast cancer group the relative risk was actually reported as infinite.<sup>4</sup>

**Q. How does the legalization of RU486 affect breast cancer rates based on your research?**

**A.** Since this drug does nothing to neutralize the effects of pregnancy hormones until the time of the

abortion, it will have the same effect on future breast cancer risk as surgical abortion. Wherever it is used to induce abortion it will increase the risk of breast cancer and for every 20 child-less women who take it, there will be one who will breast cancer from it who otherwise would not have gotten it.

### **Inform Your Doctor**

Tell your doctor how Dr. Joel Brind links the long history of peer reviewed medical research establishing the cancer and abortion link:

- As of November, 2006, 13 out of 16 studies on American women have reported a higher risk of breast cancer among women who have had any abortions.
- A 1989 New York State Department of Health study of all 1,451 upstate and Long Island women who develop breast cancer between 1976 and 1980 before age 40 showed a significant 90 percent risk increase among women who had ever had any abortions. This study was particularly strong because it was based entirely on medical records of abortions.<sup>5</sup>
- A highly significant 1993 Howard University study showed that African American women over age 50 were 4.7 times more likely to get breast cancer if they had had any abortions compared to women who'd not had any abortions.<sup>6</sup>
- A 1994 National Cancer Institute funded study of over 1,800 women in Washington state found a significant 50 percent increase risk among women who had any abortions. The risk was more than double for women whose abortion (or first abortion) took place before age 18 or over age 30.
- Four studies on Japanese women which reported data on induced abortion and breast cancer all showed increased risk, averaging 130 percent.<sup>1</sup> These studies spanned breast cancer cases diagnosed during a period of over 40 years, dating as far back as 1940.
- In 1996, Dr. Joel Brind, of Baruch College in New York City, and colleagues from the Pennsylvania State College of Medicine, published a "comprehensive review and metaanalysis," which combined the data from all the studies ever published on the abortion-breast cancer link until 1996. They reported an overall significant average risk increase of 30 percent, independent of abortion's other risk increasing effect: delaying a woman's first full-term pregnancy.<sup>1</sup>

The link between abortion and breast cancer is a highly politicized topic.

The National Cancer Institute (NCI) held a workshop on "Early Reproductive Events and Breast Cancer Risk", February 24-26, 2003, declaring that "Induced abortion is not associated with an increase in breast cancer risk."<sup>7</sup> According to Dr. Brind, this "runs counter to over 40 years of published evidence, 29 of 38 worldwide epidemiological studies showing increased risk." *For a more in depth discussion of the shortcomings of this workshop, see Dr. Brind's Fact Sheet at: [www. Bcpinstitute.org/abc\\_nci.htm](http://www.Bcpinstitute.org/abc_nci.htm).*

The British medical journal, The Lancet published a paper by Beral et. Al., entitled "a collaborative reanalysis of data from 53 epidemiological studies, including 83,000 women with breast cancer from 16 countries,"<sup>8</sup> on March 25, 2004, which echoed the NCI finding. Although it claims to represent "a comprehensive meta-analysis of worldwide published and unpublished data", it is criticized by Dr. Brind because "the Beral study reanalyzed the data only after a highly biased selection process which had many studies showing valid evidence of the ABC link inappropriately excluded, invalid studies whose flaws had been documented in the scientific literature inappropriately included, and valid studies whose data had been published simply not mentioned at all."

*For an excellent history of the research and politics of the abortion/breast cancer link, see:*

[www.abortionbreastcancer.com/start/](http://www.abortionbreastcancer.com/start/). Additional information on the ABC link is available at:  
[www.abortionbreastcancer.ca](http://www.abortionbreastcancer.ca).

Dr. Brind's most recent review of the subject is also available: Brind J, (2005), *Induced abortion as an independent risk factor for breast cancer: A critical review of recent studies based on prospective data*, *J Am Physicians Surgeons* 10:105-110. Or view online at [www.jpands.org/vol10no4/brind.pdf](http://www.jpands.org/vol10no4/brind.pdf).

Joel Brind is a Professor of Human Biology and Endocrinology at Baruch College, the City University of New York and president of the Breast Cancer Prevention Institute in Poughkeepsie, NY. Dr. Brind earned his B.S. at Yale University and his Ph.D. in Basic Medical Sciences at New York University. He has been conducting research on diseases related to reproductive steroid hormones since 1972.

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## SECTION 4 PHYSICAL RISKS FROM ABORTION CONTINUED

### Physical Risks

#### *Life-Threatening Risks of Abortion*

#### Higher death risk, up to 7 times higher suicide

Compared to pregnant women who had their babies, pregnant women who aborted were...

- 3.5 times more likely to die in the following year
- 1.6 times more likely to die of natural causes
- 6-7 times more likely to die of suicide
- 14 times more likely to die from homicide
- 4 times more likely to die of injuries related to accidents<sup>1</sup>

Another study found that, compared to women who gave birth, women who had abortions had a 62% higher risk of death from all causes for at least eight years after their pregnancies.

Deaths from suicides and accidents were most prominent, with deaths from suicides being 2.5 times higher.<sup>2</sup>

**Causes of death within a week** — The leading causes of abortion-related maternal deaths within a week of abortion — are hemorrhage, infection, embolism, anesthesia complications, and undiagnosed ectopic pregnancies.<sup>3</sup>

**Cancer** — Significantly increased risk of breast cancer, cervical cancer, and lung cancer (probably due to heavier smoking patterns after abortion).<sup>4</sup>

**Immediate complications** — About 10% suffer immediate complications; 1/5 are life-threatening:<sup>5</sup>

- hemorrhage
- cervical injury
- convulsions
- endotoxic shock
- infection
- embolism
- chronic abdominal pain
- second-degree burns
- ripped or perforated uterus
- anesthesia complications
- gastro-intestinal disturbances
- Rh sensitization

**31% suffer health complications**— A recent study published in a major medical journal found that 31% of American women surveyed who had undergone abortions had health complications.<sup>6</sup>

**80%-180% increase in doctor visits** — Based on health care sought before and after abortion. On average, there is an 80% increase in doctor visits and a 180% increase in doctor visits for psychosocial reasons after abortion.<sup>7</sup>

**Self-destructive lifestyles, spiraling health problems** — Increased risk of promiscuity, smoking, drug abuse, and eating disorders, which all put the woman at increased risk for other health problems.<sup>8</sup>

## **Infertility and life-threatening reproductive risks**

Abortion can damage reproductive organs and cause long-term and sometimes permanent problems that can put future pregnancies at risk. Women who have abortions are more likely to experience ectopic pregnancies, infertility, hysterectomies, stillbirths, miscarriages, and premature births than women who have not had abortions.<sup>9</sup>

## **Teens Face Higher Risk, 6 Times More Likely to Attempt Suicide**

**Teens 6 times more likely to attempt suicide**— Teenage girls are 10 times more likely to attempt suicide if they have had an abortion in the last 6 months than are teens who have not had an abortion.<sup>10</sup>

**Reproductive damage and other complications**— Compared to teens who give birth, teens who abort are generally at higher risk of immediate complications and long-term reproductive damage after abortion than are older women.<sup>11</sup>

**Higher risk of PID, 2.5 times higher risk of endometritis (a major cause of maternal death in future pregnancies)**— Teens are at higher risk for dangerous infections such as pelvic inflammatory disease and endometritis after abortion. These infections increase their risk of infertility, hysterectomy, ectopic pregnancy, and other serious complications.<sup>12</sup>

## **Overview of reproductive complications and problems with subsequent deliveries**

**Pelvic Inflammatory Disease Pelvic Inflammatory Disease** — Abortion puts women at risk of Pelvic Inflammatory Disease (PID) is a serious, life-threatening disease and a major direct cause of infertility. PID also increases risk of ectopic pregnancies. Studies have found that approximately one-fourth of women who have a chlamydia infection at the time of their abortion and 5% of women who don't have chlamydia will develop PID within four weeks after the abortion.<sup>13</sup>

**Placenta Previa** — After abortion, there is a seven- to 15-fold increase in placenta previa in subsequent pregnancies (a Placenta Previa — life-threatening condition for both the mother and her wanted pregnancy). Abnormal development of the placenta due to uterine damage increases the risk of birth defects, stillbirth, and excessive bleeding during labor.<sup>14</sup>

**Ectopic Pregnancy** — Post-abortive women have a significantly increased risk of subsequent ectopic pregnancies,<sup>15</sup> which are life threatening and may result in reduced fertility.

**Endometritis, a Major Cause of Death** — Abortion can result in for endometritis, which can lead to hospitalization and infertility problems. It is a major cause of maternal death during pregnancy.<sup>16</sup>

### **Women who abort twice as likely to have pre-term or post-term deliveries.<sup>17</sup>**

- Women who had one, two, or more previous induced abortions are, respectively, 1.89, 2.66, or 2.03 times more likely to have a subsequent pre-term delivery, compared to women who carry to term. Pre-term delivery increases the risk of neonatal death and handicaps. The average hospital charge from delivery to discharge for a premature birth is \$58,000, compared to \$4,300 for a full-term birth.
- Women who had one, two, or more induced abortions are, respectively, 1.89, 2.61, and 2.23 times more likely to have a post-term delivery (over 42 weeks).

**Death or disability of newborns in later pregnancies** — Cervical and uterine damage may increase the risk of premature delivery, complications of labor, and abnormal development of the placenta in later pregnancies.<sup>16</sup> These complications are the leading causes of disabilities among newborns.

### **AfterAbortion.org/news**

The Elliot Institute was involved in all of the studies listed above. For more information on this research, including citations and links to the published studies, visit [www.afterabortion.org/news](http://www.afterabortion.org/news).

### **Detrimental Effects -- Quick-Reference Summary of Available Research**

Additional research summaries are available in the book "Detrimental Effects of Abortion: An Annotated Bibliography with Commentary," edited by Thomas W. Strahan. To order, call **Acorn Books: 1-888-412-2676**.

### **Citations for Citations for *Physical Risks of Abortion* Fact Sheet Fact Sheet**

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## SECTION 4 RAPE AND ABORTION

### Rape and Abortion

Fr. Frank Pavone

“Shouldn’t the woman who is raped be able to have an abortion?” Many people, opposed to abortion in other circumstances, ask this question. There are various reasons why abortion is not the answer.

The woman who has been raped has undergone a terrible trauma and injustice. We care about her. We will help her. Such pro-life organizations as Fortress International and Life After Assault League exist to bring the rape victim healing and strength and help her get on with her life. Nobody should minimize or ignore the pain of a rape victim. We want to show her love.

Will an abortion help her? First of all, the abortion will not un-rape the woman. The tragedy has happened and nothing can change the past. Second, abortion brings a trauma of its own. To see abortion as a magic wand that brings relief but no pain is ignore the pain of countless women who suffer for years and decades after abortion. Such groups as WEBA (Women Exploited By Abortion), American Victims of Abortion, and Victims of Choice provide ample proof that abortion hurts women. I know of women who have been raped and then had abortions, and are in counseling not for the rape but for the abortion! In rape, the trauma is "Someone hurt me." In abortion, the trauma is "I hurt and killed someone else -- my child." That brings even more grief.

Why is rape wrong? Because someone attacks the body of an innocent person. Why is abortion wrong? Because someone attacks the body of an innocent person. That is why both rape and abortion should be rejected.

We care about the woman who is raped. We care about the child who is conceived. Why can't we love them both? Why can't we protect them both?

A rape that results in pregnancy directly involves three people: the rapist, the victim, and the child. The victim should be helped and the rapist should be punished. But to say the child should be killed is to punish the wrong person. Suppose your father committed a terrible crime and the police came to your home, arrested you, and had you sentenced to death? The unfairness c that is obvious. Yet that is the same unfairness that occurs if a child conceived by rape is aborted.

We should also know the results of some important studies. Pregnancy occurs in 0 to 2.2% of rape victims. Furthermore, most rape victims who become pregnant want to keep their babies. The pressure to abort often comes from someone else. Of all the abortions performed in America, fewer than 1% are because of rape.

***For more information on these and other aspects of this question:***

**Life After Assault League (LAAL)**

**1336 West Lindbergh St.**

**Appleton, Wisconsin 54914 (920) 739-4489**

## SECTION 5 AFTER ABORTION

There are many complications from abortion; spiritual, emotional and physical. We all know that the moment a woman becomes pregnant her body begins to prepare for childbirth. When a woman has a natural miscarriage she is told that there will be a period of adjustment. She is told it is ok to grieve and it is important to take it easy for a while. However with an abortion she is not counseled this wise advice. As a matter of fact most women do not even go back for their follow up appointment. The woman wants to put this behind her, yet she was pregnant, she did have a surgical procedure and her mind and body will experience major changes.

Repressed truth comes forth in the form of negative actions. That is what post-abortion syndrome (PAS) is. With the loss of millions of babies we need to recognize that there are millions of mothers and fathers who are suffering in silence. We need to offer healing, encouragement, love and peace which equal; help! There are many men and women in our churches today that need this help.

The following is a letter that a pro-lifer received while doing a pro-life presentation in a church in Maryland. It was handed to her from behind and she never did see the woman who handed it to her. This is not the exception but this kind of hurting can be found in all our churches:

*"Please pray for me. I have had abortions and the guilt in me is crippling. There is not a day I do not see the faces of the children I could have had. Pray for forgiveness and the renewal and cleansing of my womb. I wake up each day afraid I may never have children. I cry every time at such a possibility. Can God ever forgive me? I feel as if it is a sin that God will never forgive me for. Yet I crave and long for His forgiveness. I pray to also witness to young girls on the sanctity of life no matter the circumstance all life belongs to God."*

Then there is the man or woman who can't forgive themselves. They just don't know how. This is where after-abortion care becomes vital in our churches. We need to recognize and learn how to overcome the shame and stigmatize of abortion and let forgiveness in Jesus' Name to flow. An alcoholic can stand up in church and say how the Lord delivered him/her but the shame is so great with abortion that most people suffering from PAS cannot admit it to anyone. We must learn to show more love and compassion and make ourselves available with loving, unjudging ears and hearts.

There is training on how to offer loving and healing care to those suffering with PAS. WhyLife has a trained couple that will teach you how. The training is Christian based and includes three, 90-minute sessions that teach on how to minister to both men and women.

**If you have a burden in your heart to do this,  
contact us at: [www.WhyLifeMinistries.com](http://www.WhyLifeMinistries.com) or call 716-937-7815**

It is our hope that each church will have post-abortion care and healing right in their own church.

**However, there are also local centers that offer this type of help and they are:**

**SonRays Ministries**

716-695-9494

[www.sonraysministries.org](http://www.sonraysministries.org)

**Project Rachel**

325 Washington St

Buffalo, NY

716-856-4494

**Silent No More**

[www.SilentNoMoreAwareness.org](http://www.SilentNoMoreAwareness.org)

**Crisis Pregnancy Center of WNY**

3210 Main St

Buffalo, NY

716-833-7100

**Lockport Care-Net**

251 East Ave

Lockport, NY

1-800-395-HELP

[www.lockportcarenet.com](http://www.lockportcarenet.com)

# A New Beginning

## *A guide to rebuilding your life after abortion*

You are hurting. Maybe it's a vague ache deep inside. Or maybe your abortion left you emotionally drained and distraught. You are not alone. Many women are suffering as you are, yet some of us have been able to work through our heartache.

Deeply buried emotions may erupt when you are the most vulnerable. The exact way you experience grief over the loss of your child will be unique to you. The point of crisis occurs most often between 2 and 5 years after the abortion. Yet, for some the crisis is immediate; for some it occurs 20 or 30 years later. But don't despair, there is help.

Here are some of the possible symptoms of abortion trauma: low self-esteem, anger, guilt, anxiety, depression, sleep disorders, extreme mood swings, a need to compensate for the loss of your child, drug and alcohol abuse, promiscuity, frigidity hatred of yourself or of men, withdrawal, an inability to sustain intimate relationships, unexpected emotional outbursts, suicidal feelings (especially on the date your baby was due to be born).

### **Don't trivialize your grief**

Your grief is a healthy sign - a sign that you are facing realities. Your tears will help cleanse you. The first step toward being healed of emotional wounds is to admit that they exist and admit where they come from. You have a right to grieve. If you lost your child in an accident or miscarriage, everyone would expect you to grieve. You may be surprised to find yourself grieving over the loss of your child, since it was your voluntary choice. You may be told by your doctor, boyfriend, or by "family planning" personnel that you shouldn't grieve - and this may make you feel even more foolish, selfish or guilty for the feelings you experience.

Your grief is not only real, it is normal. When you become pregnant, your body undergoes changes. Your body and your mind prepare for the birth. Abortion stops this natural process. It greatly disturbs your mental state. After an abortion, it is normal to your need to grieve.

### **Don't be too hard on yourself**

You made a very important decision at a time when changes in your body made decision making very difficult. Others around you probably helped influence you to make the decision you did. Your parents, your boyfriend, and your friends probably all had their effect on your decision. You may have made an earnest effort to end their concern, embarrassment, pain, or anger. Your relatives, your superiors, or your best friend might have all suggested that abortion was truly an acceptable solution to your very difficult situation.

Counselors at a family planning clinic may not have given you enough information for you to make an informed decision. Maybe they didn't tell you enough about the possible complications and even less about the emotional turmoil abortion causes. They told you little about the abortion procedure and nothing of the pain your child would suffer. It is likely that you did not make your decision based on adequate information.

Perhaps you thought abortion was "right" because it is legal. Usually you can trust the law as a guideline

for conducting your life. It's easy to see why you might not have realized how wrong abortion is. Your decision was tragic. It was regrettable. But, it may have seemed like the only possible solution at the time.

### **Forgive Others**

It is natural to be angry with people close to you who should have been supportive at a difficult time in your life. But anger only develops into rage or bitterness. You cannot heal emotionally while allowing those destructive feelings to continue.

Maybe your child's father felt trapped, with no way out. Perhaps he went back on every spoken and unspoken commitment he made to you. You have been generous to yourself, now be generous to him. Your relationship with your child's father might end because of your abortion. But you need to forgive him for your own sake.

Forgive your parents, friends, and clergyman. They were wrong but, but sincerely do. They thought they were doing what was best for you. Unfortunately their judgments were faulty. That's a shame, but not a crime.

Forgive the health-care professionals if they failed to give you the necessary information that might have changed your decision. Many in the abortion field promote an opinion that an uninformed decision is a less painful one. You now know that's not true, but it is in the past now.

### **Look to God**

Many women have said that they feel unworthy of God's forgiveness. They feel that they are under God's judgment. But read what God says: "For God so loved the world that He gave His only begotten Son, that whosoever believes in Him should not perish, but have everlasting life." (John 3:16)

Abortion is not just a misguided act or unfortunate decision. It is sin. Confess it to God as sin, and "He is faithful and just to forgive us our sins, and to cleanse us from all unrighteousness." (1 John 1:9)

God is not angry. He knows all about your mistake. His Son, Jesus, has already given His life to pay for your sin and guilt. God stands with His arms outstretched, longing to soothe your hurting heart and heal your wounds. Don't allow the enemy to tell you that your sin was too great, too selfish, or too destructive for God to forgive if you will just ask! If you don't know Jesus as your Savior, Healer and Friend, then pray. Pray and let God know that you want to accept the forgiveness that Jesus earned for you on the cross. It isn't about how fancy your words sound; it's about what is in your heart:

*Dear God, I know I have sinned by seeking my own way. Living by my own rules has resulted in death and torment for my child and me. Forgive me. Thank You for allowing your own Son to suffer the punishment I should have received and for dying in my place. I accept His great sacrifice on my behalf. I lay at your feet all of my feelings of guilt, grief, remorse and regret. Cleanse me and heal me by the blood of Your dear Son. Help me commit my life to you and to live according to your will. In Jesus' name I pray. Amen.*

### **Understand the grieving process**

You hope that one day your pain will cease – but how can this happen? And when? Learning what is happening to you will make it easier to cope.

The stages outlined below are general observations and will not necessarily be identical to your journey. You will grieve in your own way and at your own pace. *Here are the stages of grief as they apply to you:*

**RELIEF** - First, you may feel relieved after your abortion.

**DENIAL AND RATIONALIZATION** - Then, somehow, that relief fades and you become troubled. This feeling is quickly covered over by not admitting what has happened. You make up reasons why you shouldn't feel troubled: "It was something I had to do." "It was just a blob of tissue." "It's legal, so it was okay." These tactics rob you of the opportunity to be healed through grieving.

**REALIZATION AND SHOCK**- Now you begin to realize what really happened. It can be overwhelming and frightening. With a sense of bewilderment you may have said, "I killed my baby." With this knowledge you may go back to the denial stage or you could move into the next and most painful part of the grieving process.

**ANGER AND DEPRESSION** - The full force of the abortion hits you. You feel angry, betrayed, grief stricken, or depressed. Thoughts of suicide may tug at you. Life may seem hopeless at times. Unexplainable rage, guilt, remorse or self-hatred may overwhelm you. You may suffer from insomnia, nightmares and flashbacks. You may drink, do drugs, or indulge in casual sex hoping to fill the emptiness inside. You regret your abortion and would give anything to undo it. Making decisions becomes difficult now. You think about your baby often. Don't be afraid of these overwhelming feelings and thoughts. They are all a normal part of the process. Many women have had the same experience but they eventually worked through their pain. Now is a good time to seek God, and talk to an understanding minister, counselor or friend.

**ACCEPTANCE AND SURRENDER** - With sympathetic help, a sense of peace and a proper perspective of your past emerges. For your healing to be complete you must seek and accept forgiveness for yourself. With God's help you need to forgive others who had a part in the abortion. You need to surrender your anger, bitterness, and self-hatred to Christ each day.

**HOPE AND SUBSTITUTION** – As you stand before your Maker you must realize that it is His grace and His grace alone that has brought you this far. Don't take credit for your healing. Christ does not call you out of your sin and heal your life so that you can enjoy the admiration of others. It is now your responsibility to serve the needs of others with the same compassion and grace that has been shown to you by the Lord. Your self-esteem returns when you go beyond focusing on yourself and into serving others.

The journey from grief to healing is a long, painful process. It can also be a time of growth, maturing, and self-evaluation. By admitting and surrendering your feelings to God you will find release.

Undoubtedly you will always remember the child you never knew here on earth. The memory is not wiped away with the healing - only the tears.

**“... if any man be in Christ, he is a new creature: old things are passed away; behold, all things become new.” (II Corinthians 5:17). *God loves you!***

Portions of this pamphlet were taken from the writings of Patty McKinney, Jill Lessard, and Terry Selby. We wish to express our appreciation to them.

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## SECTION 5 THE IMPACT ON MEN

### Impact of Abortion on Men

When people think about the role of men in abortion, it seems that they usually think about the stereotype of the man who forces the abortion or the male who abandons. However, there are many roles the man may have played in the experience. One man may have been involved in several abortions, each with a different scenario. The impact on fathers is mitigated by the role they play in the abortion. They fall into separate categories.

If you are a caregiver, you need to know that sometimes the man makes contact with a caregiver under the guise of seeking help for his partner or trying to understand what his partner is experiencing. If he is looking for materials about the aftermath of abortion, ask if this is for himself or for a partner. If it is for a partner, you can ask “are you the father?” This is hard for him to discuss, but it is critical to acknowledge that men can struggle after an abortion loss. You can ask “how can I be of help to you?” You may also be able to ask at some point if this is his first abortion experience. Listening to him can be an enormous gift. (Hopefully, resources on this site can help you to help him.)

A man can come to recognize that an abortion experience touched him in many different ways. Each man has his own unique story but there seem to be some common elements. For men who opposed the abortion, the significance is immediate and impactful. He may think, contemplate or obsess about what happened. The experience is never far from his consciousness. The man who seems to agree, is neutral, supports the abortion or just abandons the partner may not have an active awareness of the significance of the experience until years later. Some trigger events for these men may be the birth of another child, seeing an ultrasound during a pregnancy, or a conversion experience of some kind that may bring it to the fore. It may be seeing an ad, reading an article or being aware of the Roe vs. Wade anniversary and the marchers around the country. It may be hearing someone else’s abortion experience or suddenly being aware that the partner they had the abortion with is not doing well, if she is still in his life. It may be that in seeking counseling for marriage problems, drug or alcohol abuse or sexual addiction, an astute counselor or pastor asks about past pregnancies and abortions. Something has opened the door to awareness that allows the man to begin considering the impact of an abortion experience in his life.

Over the years I have spoken with many men who have contacted me looking for help. They seem to fall into these categories. This is a new field. It is possible that much more will be discovered about how men process this experience, but this information is presented as a start in understanding.

#### **Fathers who are adamantly opposed to the procedure.**

This man tried to prevent the abortion decision, perhaps offering to raise the child himself, to marry the partner if they are not married already. He longs for fatherhood and was excited and invested in becoming a father. He may have thought about going to court to try to prevent the abortion.

These men may have an immediate and overwhelming response. It is hard for them to separate out the feelings they are experiencing, but they include grief, guilt, rage/anger, and a sense of male impotence (that is they couldn’t protect their partner or the child.) It is possible that these males may be inclined to make repeated contact with their partner to try to understand how this decision was made. If you are helping this man, you may need to encourage him to cease the attempts at contact, lest it be viewed as stalking behavior. If this man is experiencing rage, it is suggested that you suggest physical means to discharge some of this emotion, like throwing stones while verbalizing his feelings, chopping wood or perhaps sharing physical labor with him, like breaking up concrete. In sharing work side by side, the men sometimes find it easier to speak about what they are feeling. If there is any indication that the male may

be prone to acting out violence toward someone involved in the abortion, it is important to keep everyone safe. Rage can explode outward or turn inward. Both can be dangerous. These men may hide in chemical abuse, alcohol abuse or sexual addictions.

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**Fathers who are opposed but have not gone to extremes to prevent it.**

These men may also have an immediate reaction including sadness, grief, anger and sense of not being able to protect. These men may experience anger but not full blown rage as well as the other emotions listed above. They are not as prone to a violent reaction to their grief. *\*\*\*You may be contacted by a man during the abortion decision. Encourage him to speak his heart to his partner. He may not be able to change the outcome, but he will recover better if he honestly spoke his mind and heart.*

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**Fathers who first support the abortion decision and then change their minds, but their partners proceed with the abortion.**

These men hold themselves responsible in a special way because first they agreed and then they changed their minds, but the abortion progressed anyway. This seems to happen within marriages more frequently. This can become an issue within the relationship that interferes with basic trust and can interfere with intimate couple relations. They don't trust each other anymore. Mutual forgiveness given and received may need to be part of the healing for the couple.

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**Fathers who appear to be neutral on the issue. Whatever the woman chooses they will support. Some men are actually opposed but society has urged them to be supportive of her decision. Other men find the abortion decision to serve them well at this point in their life.**

The men who are unable to articulate how they really feel, may react like the first two groups of men. The men who are truly in agreement or neutral on the abortion decision, may not feel anything until years later. Sometimes the abortion comes up in mid-life work, in a conversion experience of some sort, in psychotherapeutic treatment or addiction treatment or at the time they are now ready to become fathers.

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**Men who simply abandon the woman in the face of pregnancy.**

The man who abandons may not be troubled by the event or may later be bothered by his behavior of not supporting this woman. This man may have several abortion experiences.

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**Fathers who force the abortion decision or threaten to withdraw support if abortion is not chosen.**

The man who forces the abortion decision may have many abortion losses in a lifetime. Often, the relationship that resulted in the abortion may no longer be active. The relationship may break apart because women and men may react differently. The woman who is forced into an abortion decision may have an immediate adverse reaction that the male may not be able to understand. He may tell her to "get over it" if she tries to speak of her confusion or discomfort. This undercuts the relationship. Her discomfort might also bother him and so the relationship might dissolve.

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**Fathers who are not told about the abortion until after it occurred.**

These men may react with confusion that their partner did not discuss this matter with him, but made a unilateral decision. She may tell him before it actually happens or she may not tell him until afterward. Sometimes he finds out at a later date. He experiences many conflicting emotions, wrestling with the strength of their relationship and the lack of trust. It is possible that he might not find out until years later when a conversation with an acquaintance may bring the unfolding of the story. There is often much ambivalence experienced in these settings.

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**Fathers who are never certain an abortion has occurred, but who, upon hearing the aftermath of abortion in women described, recognize the symptoms in a former partner.**

These men wonder if there was a pregnancy that he was responsible for. He is unable to confirm that a pregnancy had occurred. This can sometimes lead to many unanswered questions. Should something happen, like testicular cancer, that impacts the man's ability to father other children, this can become a source of unanswered questions.

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**Men who marry women who have had an abortion experience with someone else.**

The man may be engulfed in the vortex of the woman's reaction to her previous abortions. He may have been told about the experience of abortion or he may not have been. These men may be confused by what is happening with their partner and very concerned about her.

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**Men other than a sexual partner**

This may include friends who know about the abortion or relatives such as brothers of the woman or man involved in the abortion or the fathers of the woman who had the abortion or the man involved in the pregnancy. There can be many emotions among these men. Listening is the key to understanding what they are experiencing.

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**Men describe their experience of aftermath as follows:**

**Rage or anger:** (Rage may raise an impulse to strike out physically or emotionally at someone involved in the abortion loss. Anger may be internalized or targeted toward someone who was part of the experience.)

**Impotence:** Sexual—An abortion loss can interfere with sexual functioning of the partners involved.

**Masculine:** There is a sense that one could not protect the sexual partner or offspring. This can be incapacitating, causing the male partner to dwell on this and to feel helpless.

**Grave concern for their partner and her wellbeing:** The male may seek information on the aftermath of abortion on women out of his concern for her. Sometimes he may try to force her to seek help before she is ready or feels the need.

**Inability to communicate with their partner about her experience and theirs:** Communication patterns can break down because of differential patterns of coping and grieving. One partner might be struggling and the other partner coping. Communication patterns such as "why don't you just get over it?" may emerge but are not helpful.

**Chemical use and abuse (excessive alcohol or drug use):** This seems to be a common coping mechanism shared by many men. Some will seek assistance through AA or some other treatment program. If someone is working with a man in the 5th step, the question of abortion should be broached because without confronting it, recovery will be impaired.

**Risk taking behaviors:** Such as driving fast cars or motorcycles, breaking horses, jumping out of airplanes, or other death defying activities. (Fathers who opposed the abortion may verge on being suicidal themselves.) It seems to be in some cases, that the young man involved in an abortion at high school or college age may attempt or successfully commit suicide following an abortion experience. It is almost always the peer group who knows about the abortion and not the family.

**Grieving and sadness:** This reaction can catch a man unaware. Men in our culture may have difficulty articulating the sense of sadness. This emotional reaction may catch the man by surprise. He did not anticipate this reaction. The grief may be experienced as a body sensation.

**Obsessive thoughts of lost child:** Some men describe the intrusion of thoughts of the lost child.

**Nightmares of someone/something vulnerable being threatened & being unable to protect it:** These nightmares are often about some large threatening animal, like a shark or a lion, that is menacing a smaller and vulnerable animal and there is nothing the man can do in the dream to protect the more vulnerable being. He often awakes in a cold sweat with a sense of doom looming over him.

**Desire for another child and subsequent behavior to try to achieve that goal:** This can sometimes become almost obsessive in wanting to re-impregnate the woman who had the abortion. This may also generalize to another partner. The outcome may be that some men have experienced more than one abortion. If infertility is a problem, the man may feel he is being punished for his past abortion experience.

**Suicidal ideation:** We do now know how common this is, but it does occur especially in the fathers who wanted the child.

**Inability to sort out the feelings they are experiencing:** If he is involved in more than one abortion, he may work at resolving one abortion, but deny the need to process the rest. In helping a man work through this, you may need to help him sort out each of the abortions, what role he played in each one and what feelings he carries.

**Emotional abuse and/or spousal battering:** This may be man to woman or woman to man. There appears to be a predisposition for individuals with abortion histories to find partners with the same history. The dynamic that develops is as follows. She reminds him of the woman who aborted his child against his will, and he reminds her of the guy who insisted that she have an abortion. On a subconscious level, this is the scenario of anger and striking out. If the partners have stayed together after an abortion and treated the abortion as a non-event, they too may strike out at each other physically and/or emotionally. Some relationships may deteriorate completely and result in a divorce.

**Pro-life or Pro-choice activism:** When men identify the issue that is troubling them it is named as the loss of fatherhood.

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**The book, *Fatherhood Aborted: The Profound Effects of Abortion on Men* by Guy Condon and David Hazard, includes the following:**

Aftershocks of Male Post-abortion Trauma:

- Has difficulty with commitment
- Dodges authority
- Has no solid sense of identity
- Works to impress moral leaders
- Keeps women at bay
- Has trouble bonding
- Fears impending tragedy
- Doesn't own his mistakes
- Feels inadequate as a leader

They also lay out the following symptoms:

- Relationship struggles
- Inability to trust friends
- Rage
- Addictions and sexual compulsions
- Sleeplessness, bad dreams, nightmares
- Sexual dysfunction
- Depression
- Fear of failure
- Fear of rejection
- Loneliness or numbness

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### **Other Observations**

Some men describe suffering great anxiety when their partner becomes pregnant & carries baby to term.

Some men also describe being overly protective fathers, who fear something will happen to their children to the detriment of normal development of their children. Some describe becoming emotionally enmeshed. Some are emotionally distant but overly-protective.

Some describe becoming the parent who does major caretaking of the child, pushing away the mother and over-reacting to normal childhood occurrences such as a cold, by assuming the child must have contracted pneumonia and rushing the child to the emergency room.

Occasionally a man may act out in socially destructive ways: church fires, murder/ suicides or abortion clinic attacks. Confusion and grief over the end of the relationship that resulted in the pregnancy. They may occasionally obsess about the lost partner. Some men describe becoming involved in behavior that looks like stalking, because he needs to maintain contact with her and/or figure out how she came to choose an abortion.

Some men discuss becoming involved with pornography and sexual addictions following an abortion loss. *When men identify the issue that is troubling them after an abortion experience, it is named as the loss of fatherhood.*

Vincent Rue, Ph.D., pioneer researcher in the field of men and abortion, wrote in an article, *The Effects of Abortion on Men*, that "men do grieve following abortion, but they are more likely to deny their grief or internalize their feelings of loss rather than openly express them . . . When men do express their grief, they try to do so in culturally prescribed "masculine" ways, i.e. anger, aggressiveness, control. Men typically grieve in a private way following an abortion. Because of this, men's requests for help may often go unrecognized and unheeded by those around them." He continues, "A guilt-ridden, tormented male does not easily love or accept love. His preoccupation with his partner, his denial of himself and his relentless feelings of post-abortion emptiness can nullify even the best of intentions. His guilt may prevent him from seeking compassion, support or affection. In turn, he 'forgets' how to reciprocate these feelings."

<http://www.menandabortion.info/10-aftermath.html>

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## SECTION 5 THE PSYCHOLOGICAL RISKS

### Psychological Risks

#### Traumatic Aftereffects of Abortion

##### Suicide

- **6 times higher suicide rate.** Aborting women were 6 times more likely to commit suicide in the following year than were delivering women.<sup>1</sup> A study of women for up to 8 years after the pregnancy ended found a 2.5 times higher suicide rate after abortion than after giving birth.<sup>2</sup>
- **Up to 60% have suicidal thoughts.** In a study in a major scientific journal, 31% of women had thoughts of suicide after undergoing an abortion.<sup>3</sup> In another survey, approximately 60% of women with post-abortion problems reported suicidal thoughts, with 28% attempting suicide and half of those attempting suicide two or more times.<sup>4</sup>

##### Depression

- **65% higher risk of clinical depression.** Women who aborted were 65% more likely than delivering women to be at risk of long-term clinical depression after controlling for age, race, education, marital status, income, and prior psychiatric state.<sup>5</sup>
- **Depression risk remained high, even when pregnancies were unplanned.** Among women with unintended first pregnancies, aborting women were at significantly higher risk of long-term clinical depression compared to delivering women.<sup>6</sup>

##### Trauma

- **65% report symptoms of post-traumatic stress disorder.** 65% of U.S. women who had abortions experienced symptoms of PTSD, which they attributed to their abortions. Slightly over 14% reported all the symptoms necessary for a clinical diagnosis of abortion-induced PTSD.<sup>3</sup>
- **60% said they felt “part of me died.”** In the above study, 60% reported that they felt “part of me died” after their abortions.<sup>3</sup>
- **More psychiatric treatment.** Compared to women who deliver, women who abort are more than twice as likely to be subsequently hospitalized for psychiatric illness within six months.<sup>7</sup> Analysis of California Medicaid records shows that women who have abortions subsequently require significantly more treatments for psychiatric illness through outpatient care.<sup>8</sup>
- **Multiple disorders and regrets.** In a study eight weeks after abortion, 36% of women experienced sleep disturbances, 31% had regrets about the abortion, and 11% had been prescribed psychotropic medicine by their family doctor.<sup>9</sup>

- **Generalized anxiety disorder.** Among women with no previous history of anxiety, women who aborted a first, unplanned pregnancy were 30% more likely to subsequently report all the symptoms associated with a diagnosis for generalized anxiety disorder, compared to women who carried to term.<sup>10</sup>
- **Sleep disorders.** In a study of women with no known history of sleep disorders, women were more likely to be treated for sleep disorders after having an abortion compared to giving birth (nearly twice as likely in the first 180 days afterwards). Numerous studies have shown that trauma victims often experience sleep difficulties.<sup>11</sup>
- **Disorders not pre-existing.** A New Zealand study found that women had higher rates of suicidal behavior, depression, anxiety, substance abuse, and other disorders after abortion. The study found that these were not pre-existing problems.<sup>12</sup>

### Eating disorders & substance abuse

- **39% had eating disorders.** In a survey of women with post-abortion problems, 39% reported subsequent eating disorders.<sup>13</sup>
- **Five-fold higher risk of drug and alcohol abuse.** Excluding women with a prior history of substance abuse, those who abort their first pregnancy are 5 times more likely to report subsequent drug and alcohol abuse vs. those who give birth.<sup>14</sup>

### Divorce and chronic relationship problems

- **Women with a history of abortion are significantly more likely to subsequently have shorter relationships and more divorces.**<sup>15</sup>
- **More poverty and single parenthood after repeat abortions.** Women who have more than one abortion (nearly half of More poverty and single parenthood after repeat abortions. those seeking abortions each year<sup>16</sup>) are more likely to become single parents and to require public assistance.<sup>17</sup>
- **30-50% of post-abortive women report experiencing sexual dysfunctions** such as promiscuity, loss of pleasure from 30-50% of post-abortive women report experiencing sexual dysfunctions intercourse, increased pain, and aversion to sex and/or men.<sup>18</sup>
- **Studies have identified factors that put women at risk for negative reactions to abortion,** including feeling pressured to abort, lack of support, being more religious, prior emotional or psychological problems, adolescence, being unsure of her decision, and receiving little or no counseling prior to abortion.<sup>19</sup>

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## SECTION 6 HELPFUL GUIDELINES TO BE THE FIRST RESPONDER FOR AN UNWANTED OR UNPLANNED PREGNANCY

Individuals are unique with their own unique set of circumstances. Be sensitive to the Holy Spirit and **make sure your facts are correct**. The first thing to do is establish the fact that you are offering help, love and friendship.

Be aware of the importance of confidentiality and be sensitive in any conversation.

Assure the woman that you or someone in your pro-life group (and the church) will walk with her through the pregnancy and beyond.

The ability to be a good listener and ask good questions is an important and vital quality, try to focus on their situation and what they may be thinking and feeling. Good open-ended questions encourage them to talk about themselves. Open-ended questions generally begin with **what, how, who, which, and when**. Good questions also should help you explore the situation even more. Try to avoid questions which can be answered with a simple yes or no. They usually begin with have, do, are, would and other auxiliary verbs. (Close ended questions)

**Why** questions imply judgment and could put a woman on the defensive. The information needed could be obtained by asking the question in these ways: **What caused you to... What made you decide to... or How did you come to...**

### **Attitude of our Hearts**

Be Genuine or simply put Be Real! Genuineness involves relating to the woman without professional facades or techniques. Genuineness is necessary if a relationship is to develop. Only in the context of trust and openness can real communication take place.

Be careful not to condemn, we touch hearts and help people by loving them into the Kingdom and if they are already saved, the woman already knows the truth and just needs to let go of the wrong she is in. It is important to express acceptance of the woman's feelings. Even if there is anger, despair, or confusion, her feelings are valid and need to be dealt with, not avoided.

She needs to be told the importance of making a choice based on real facts. It is good to relate to her in a personal way. "I know how you feel; I've been in a hard place myself." If you have your own testimony of a hard time; use it.

**"He has shown you, O man, what is good. And what does the Lord require of you?  
To act justly and to love mercy and to walk humbly with your God."  
Micah 6:8**

Part of Humility is the recognition that God forgave you and you must forgive others. Avoid possessiveness with the woman but love her unconditionally. Do not foster an unhealthy dependence on yourself. You are there to meet the needs of the woman with a crisis.

Acknowledge that you do not exert any control over another person's decisions. You should not expect 100% success every time. Your goal is to show real compassion, give her good information and be the best helper you can, be Jesus with skin on and you will succeed!

Many women with an unwanted or unplanned pregnancy see abortion is their only alternative. Almost always the woman is scared, confused and hurting. She really doesn't know the ramifications from abortion; keep this in mind as you gently talk with her. Remember a woman considering abortion is not thinking about the baby. Therefore, you need to begin your discussion about her. How she is worth more than hurting herself like this. Try not to discuss the profound personal and moral issues involving abortion. Keep it simple. Reassure her that you are informing about the truth of abortion because you care and want to help.

There are three levels to cover when talking to a woman: Physical, emotional and spiritual and once again rely on the Holy Spirit what to say and when. As you cover these three levels of concern, be sensitive to her and what seems to touch her. Pacing is important.

**Physical (Risks) Aspects of Abortion:** Present them in a quiet and gentle way. Don't allow yourself to get emotional. Meet her on her own level of understanding.

**Emotional (Risks) Aspects of Abortion:** Again present the truth regarding the ramifications emotionally of abortion and in quiet and gentle way. It is a lot to accept or even understand because so much of this information is not in the public forum or even in the church it is a lot to digest.

**Spiritual Aspects of Abortion:** Share God's Word, again gently, yes there is forgiveness but there is also consequences to our actions. Reassure her that the church will be with her and that the Lord will always be there. Reassure her that when we do things His way it always works out.

A woman in an unwanted or unplanned pregnancy needs to know that there are people who really do care, who really will help and who really will walk with her.

Only the Lord can change hearts. It is our job to be His representatives with humble hearts filled with repentance for our own actions or in-actions. When He sees we really care for His women and their 'little ones' He moves. Many hearts have been changed with tears of sorrow. It is His conviction that changes hearts and minds. We really don't know what's going on but He does!

Last of all:

**"Everyone should be quick to listen, slow to speak and slow to become angry."**

**James 1:19**

## SECTION 6 LOCAL PRO-LIFE MINISTRIES

### Pregnancy Information and Help Centers

*Accurate information and real time help!*

#### **Lockport Care Net Pregnancy Center**

229 East Ave.  
Lockport, N.Y. 14214  
716-434-1771  
Hotline: 1-800-395-HELP  
[www.lockpoitcarenet.coni](http://www.lockpoitcarenet.coni)

#### **Summit Life Outreach Center**

1622 Pine Ave.  
Niagara Falls, N.Y. 14301  
716-298-8600  
[www.summitlifecenter.org](http://www.summitlifecenter.org)

#### **C.H.O.I.C.E.S.**

12010 Old Olean Rd.  
Yorkshire, N.Y. 14173  
716-353-3686  
Hotline: 716-353-3414  
[www.choicesinfo.com](http://www.choicesinfo.com)

#### **Northtown Pregnancy Center**

2565 Elmwood Ave.  
Kenmore, N.Y. 14217  
716-800-2309

#### **Crisis Pregnancy Center**

3210 Main St.  
Buffalo, N.Y. 14210  
716-833-7100

#### **SonRays Ministries**

P.O. Box 673  
Tonawanda, N.Y. 14150  
716-695-9494  
[www.sonraysministries.org](http://www.sonraysministries.org)

#### **Tri-County Crisis Pregnancy Center**

17 South Water St.  
Gowanda, N.Y. 14070  
716-532-9738

#### **Choose Life/ Women's Services**

560 W. Third St.  
Jamestown, N.Y. 14702  
716-484-1234

#### **Catholic Charities**

525 Washington St.  
Buffalo, N.Y. 14203  
716-856-4494

#### **The Blessed Mother's House**

716-852-3990

#### **St. Gianna Pregnancy Outreach Center**

76 Church St.  
Buffalo, N.Y. 14202  
716-847-2205

## SECTION 6 ADOPTION OPTIONS

### Regarding Adoption

There is a waiting list to adopt Down syndrome babies and a waiting list to adopt terminally ill babies, including AIDs babies.

There are between 1 and 2 million infertile and fertile couples and individuals who want to adopt.

Only 4% of women with unwanted pregnancies give their baby up for adoption. But when they do allow their babies to be adopted they are more likely to finish college, be productive and have positive marriages.

#### Centers that will help with adoption:

##### **Baker Victory Service**

780 Ridge Rd.

Lackawanna, NY 14218

716-799-3333

[www.bvsadoption.org](http://www.bvsadoption.org)

##### **Lockport Care-Net**

251 East Ave.

Lockport, NY 14094

[www.lockportcarenet.com](http://www.lockportcarenet.com)

##### **Sonrays Ministries**

716-695-9494

[www.sonraysministries.org](http://www.sonraysministries.org)

##### **Summit Life Outreach**

6929 Williams Rd.

Niagara Falls, NY 14304

[www.summitlifecenter.org](http://www.summitlifecenter.org)

## **SECTION 7** AVAILABLE HELP IN WESTERN NEW YORK

**In the following pages you will find information regarding a variety of agencies and ministries that will assist people in time of need.**

**They include:**

- Medical Assistance & Sonograms
- Clothing Closets
- Education/Training Opportunities
- Homeless and Emergency Housing
- Domestic Hotline & Run-a-way Hotline
- Maternity and Long Term Housing
- Domestic Violence Help
- Rental Assistance in Buffalo
- Food Assistance
- Financial Assistance
- Assistance for Utility Shutoffs

## Medical Assistance & Sonograms

### **Sisters Hospital**

2157 Main St. Buffalo, NY 14214 / 716-862-1984 or 862-1000

*Hours: Monday-Friday, 8:00am - 4:00pm*

### **Mercy Hospital**

515 Abbott Rd Buffalo, NY 14220 / 716-828-3520

### **Doctors Chouchani, Sayegh & Bagnarello, MD LLP**

30 N. Union Rd, Williamsville, NY

2780 Delaware Ave, Kenmore, NY

\*12845 Broadway Alden, NY

716-633-6363

*\*Dr. Christian Chouchani is a pro-life doctor willing to provide ultrasounds the same day to abortion-minded women. Call his office or Sisters Hospital at 862-1000 to get the client an appt.*

### **Lockport Care Net**

251 East Ave. Lockport, NY 14094 / 716-434-0251

*Ultrasounds by appt on Tuesday afternoons*

### **Northtown Pregnancy Center**

2565 Elmwood Ave. Kenmore, NY 14217 / 716-345-9886

*Ultrasounds by appt.*

### **Buffalo Pregnancy Care Center**

3210 Main St Buffalo, NY 14214 / 716-833-7100

*Ultrasounds every other Thursday*

### **Dental Health Assistance**

*FREE X-Rays & Cleanings / Erie Community College\**

Dental Hygiene Department

6205 Main Street, Buffalo, NY / 716-851-1336

## **Clothing Closets**

*These are FREE clothing closet's containing gently used clothing for the entire family.*

### **Millgrove Bible Church**

11517 Genesee St. Alden, N.Y. 14004 / 716-937-7926 / [Millgrovebiblechurch.org](http://Millgrovebiblechurch.org)

*Open the 3<sup>rd</sup> Saturday of every month from 9am-12pm*

\*EMERGENCY SITUATIONS, call 716-937-4758 to make an appointment

### **Neat Repeats**

Alden Presbyterian Church / 13298 Broadway Alden, N.Y. 14004 / 716-937-6441

*Open the 1<sup>st</sup> Saturday of every month, 9am-12pm; 3<sup>rd</sup> Friday of each month, 6-8pm; every Wednesday, 9-11am (Hours are subject to change)*

\*EMERGENCY SITUATIONS, call 716-937-6441 to make an appointment

### **Harvest House**

175 Jefferson Ave. Buffalo, N.Y. 14210 / 716-824-7818 / [www.harvesthouse.ws](http://www.harvesthouse.ws)

*Client Hours: Monday 1-3:30pm, Tuesday 9-11:30am, Thursday 1-3:30pm, Saturday 9-11:30am Provides FREE children's clothing and other items. Families need a referral by social service, health agencies or your church. Referrals maybe requested by the agency calling 824-7818.*

*ID of caregiver and children is required at each visit. Non-English speaking clients must bring a translator.*

## **Education / Training Opportunities**

### **TASC Exam Preparation (GED Exam) [www.mycareertools.com](http://www.mycareertools.com)**

*There are over 78 prep classes in & around Buffalo; Look on website for the one near you*

As of Aug. 26, 2016, NYS stopped using the GED exam because it was getting too expensive (the state pays the cost), and the only available in a computer based format. Be the TASC is much cheaper than the GED exam and will for several years be offered in a paper as well as a computer version. Yes, the state of NY pays the cost, and most prep classes are offered at no charge as well. Offering a high school equivalency examination, which is highly accessible, affordable is not only important for adult learners but crucial to our national economy as well. The NYS high school equivalency diploma that you will receive after completing the New York HSE exam is accepted as being of the same value as a high school diploma, and is recognized by employers, government institutions, colleges, and universities all over the U.S.

### **Buffalo Employment and Training Center**

77 Goodell St. Buffalo, NY 14203 / 716-856-JOBS (5627) / [www.workforcebuffalo.org](http://www.workforcebuffalo.org)

*Job seekers services, education and training available to qualified individuals*

*If interested, register as a customer at BETC and attend an ITA info, session*

**[www.monster.com](http://www.monster.com) / [www.opm.gov](http://www.opm.gov)**

## Homeless and Emergency Housing

### St Luke's Mission of Mercy

325 Walden Ave. Buffalo, NY 14211 / 716-894-4476 [www.customerservice@stlukesmissionofmercy.org](http://www.customerservice@stlukesmissionofmercy.org)  
*Housing for families, single mothers & their children*

### Casey House Youth Shelter

710 Cedar Ave. Niagara Falls, NY 14301  
*Teen Crisis Hotline: 716-285-7125 and Emergency Shelter Services available 24/7*

### Buffalo City Mission Women's Shelter

100 East Tupper St. Buffalo, NY 14203 / 716-854-8181  
[www.buffalocitymission.org](http://www.buffalocitymission.org) Homeless Services (Lakeshore Behavioral Health)  
For drug & alcohol, abuse clients only: 716-856-9711 / [www.lake-shore.org](http://www.lake-shore.org)

### Salvation Army Emergency Shelter

716-884-4798 / Must go through DDS (858-8000) in order to be admitted

### Sojourner House

5460 Penn Ave  
Pittsburgh, PA 15206  
412-441-7783

### Sojourner House MOMS

5907 Penn Ave. Suite 220  
Pittsburgh, PA 15206  
412-361-1213

[www.info@sojournerhousepa.org](http://www.info@sojournerhousepa.org)

*In-patient treatment for addicted mothers and their children. MOMS will receive motivation, opportunities, mentoring and spirituality in a safe independent housing and supportive service for homeless single dual diagnosed women and their children. There is supportive family counseling to strengthen and help overcome past traumas. This wonderful facility that keeps mother and their children together all while offering a compassionate faith based recovery service.*

### Little Portion Friary

716-882-5705 / [www.littleportionfriary.com](http://www.littleportionfriary.com)  
*Not well suited for pregnant women; can stay 1-2 weeks*

### Lamb of God Maternity Home

*This home is located in California; they will take any age pregnant women even if she already has children the only stipulation is she must want to place her baby up for adoption. This ministry is willing to help the expectant mother get to them if this is something she is truly interested in. 1-760-294-7969 / [www.agnusdeifoundation.com](http://www.agnusdeifoundation.com)*

**24/7 DOMESTIC VIOLENCE HOTLINE: 716-299-0909**

**24/7 RUN-A-WAY YOUTH HOTLINE: 716-285-7125**

## **Maternity and Long Term Housing**

### **Baker Victory Services Group Home Program**

790 Ridge Rd. Lackawanna, NY 14218 / 716-828-9500 / [Info@bakervictoryservices.org](mailto:Info@bakervictoryservices.org)  
*Girls & Mothers/Child Group Home, (for girls age 12-18); also Youth Residential services*

### **Cornerstone Manor**

150 E. North St. Buffalo, NY 14203 / 716-852-0761 / [www.buffalocitymission.org](http://www.buffalocitymission.org)  
*For women over 18 with children*

### **Homespace**

1030 Ellicott St. Buffalo, NY 14209 / 716-881-4600 / [www.homespacecorp.com](http://www.homespacecorp.com)  
*Must be in the Foster Care System; can stay up to age 21*

### **Mother Teresa Home**

208 Stanislaus St. Buffalo, NY 14212 / 716-847-8700

### **The Crib**

1622 Falls St. Niagara Falls, NY 14303 / 716-236-7870  
*This program is for pregnant and/or parenting At-Risk, Runaway and Homeless Youth age 16-21*

### **CHOICES Hope House / [www.choicesinfo.com](http://www.choicesinfo.com)**

11930 Olean Rd. Chaffee, NY 14030 / 716-353-3686 / HOTLINE: 716-353-3414

## **Domestic Violence Help**

**24 Hour Erie County Hot Line: 716-862-HELP (4357) / For Shelter: 716-884-6000**

**Child Abuse Hot Line Mandated Reporters: 800-635-1522 / General Public: 800-342-3720**

### **Child & Family Services Haven House**

300 Delaware Ave, Buffalo, NY 14202 / 716-842-2750 / [www.cfsbny.org](http://www.cfsbny.org)

### **Family Justice Center**

438 Main St. Suite 201 Buffalo, NY 14202 / 716-558-SAFE (7233) / [www.fjcsafe.org](http://www.fjcsafe.org)

### **Domestic Violence Advocacy Program**

Located at Buffalo City Court, Erie County District Attorney Office / Mon-Fri, 8:30am-5pm  
50 Delaware Ave. - 4th Floor Buffalo, NY 14202 / 716-858-4630

**National Domestic Violence Hotline: 800-799-7233**

**National Center for Missing and Exploited Children: 800-THE-LOST (843-5678)**

**Abandoned Infant Protection Act Information Hotline: 866-505-SAFE (7233)**

## **Rental Assistance**

*Listings in Buffalo, NY*

### **Rental Assistance Corporation of Buffalo**

470 Franklin St. Buffalo, NY 14202 / 716-882-0063

### **Erie County Department of Environment and Planning**

95 Franklin St. Buffalo, NY 14202

### **Office of Strategic Planning *Buffalo***

Room 214 - City Hall / Buffalo, NY 14202 / 716-851-5654

### **Belmont Shelter Corp.**

1195 Main St. Buffalo, NY 14209 / 716-884-7791

### **Housing Opportunities Made Equal, Inc.**

700 Main St. Buffalo, NY 14202 / 716-854-1400

**HUD Housing** 470 Franklin St. c/o Rental Assistance Corp. Buffalo, NY 14201 / 716-882-0063

**HUD Housing** 300 Perry St. Buffalo, NY 14204 / 716-855-6711

**Other websites to check for more assistance:** [hud.gov.com](http://hud.gov.com) / [lowincomehousinghelp.com](http://lowincomehousinghelp.com)

## **Food Assistance**

### **Food Pantries** [www.foodbankwny.org](http://www.foodbankwny.org)

**Alden Marilla Community Food Pantry** *St. Aidean's Episcopal Church*

13021 Main St. Alden, NY 14004 / 716-937-6922

**Trinity Pantry** 5448 Broadway Ave. Lancaster, NY 14086 / 716-683-1111

**Tri Community Food Pantry** 722 Terrace Blvd. Depew, NY 14043 / 716-289-1370

**Fish of East Aurora** 960 East Main St. East Aurora, NY 14052 / 716-652-7272

**St Martha's Pantry** 10 French Rd. Depew, NY 14043 / 716-206-0387

### **Salvation Army**

960 Main St. Buffalo, NY 14202 / 716-883-9800 / [Salvationarmyusa.org](http://Salvationarmyusa.org)

*Individuals can stop in without a referral between the hours of 9:00 am to 3:30 pm and get some food assistance. However, they may be asked to work through the Department of Social Services (716-858-8000), getting a referral, before being helped. A referral is needed to get any food after hours.*

### **Supplemental Nutrition Assistance Program (SNAP)**

Rath Building: 158 Pearl St. Buffalo, NY 14201 / 716-858-2876 / [www.mybenefits.ny.gov](http://www.mybenefits.ny.gov)

*SNAP is formerly known as the food stamp program. SNAP provides low-income households with benefits to purchase food in order to reduce hunger and improve nutrition and health. Households must meet certain income guidelines in order to be eligible to receive SNAP. These guidelines are higher than for temporary assistance.*

## Financial Assistance

### Department of Social Services

Rath Building: 158 Pearl St. Buffalo, NY 14202 / 716-858-8000 [www.erie.gov/depts/socialservices](http://www.erie.gov/depts/socialservices)  
*Best place to begin getting help; they make referrals to various agencies.*  
*Apply for public assistance, Medicaid, SNAP*

### WIC (Women, Infants & Children) Catholic Charities

211 East Eagle St. Buffalo, NY 14202 / 716-332-3304 / Niagara County: 716-285-0975  
[www.fns.usda.gov/wic](http://www.fns.usda.gov/wic)

### Catholic Charities

525 Washing St. Buffalo, NY 14202 / [www.ccwny.org](http://www.ccwny.org)

*For all above agencies: You can schedule appointment for an assessment; they will determine if you qualify for any services.*

This website has information to help you find assistance programs and financial help from your state, city, county government as well as local organizations: [www.needhelppayingbills.com](http://www.needhelppayingbills.com)

## Temporary Assistance

Temporary Assistance is financial help for people who need paying their daily expenses. There are two major programs: Family Assistance (FA) and Safety-Net Assistance (SNA)

### To get information on these programs:

Call **716-858-8000** / Go to the first floor of the Rath Building, **95 Franklin St. Buffalo**

Or [nls.org/PublicBenefits/ErieCounty](http://nls.org/PublicBenefits/ErieCounty) which has a wonderful video explaining how to you can apply for many different benefits.

## **Do You Have A Utility Disconnect Notice?**

*Neighborhood Legal Services in partnership with National Fuel have created a National Fuel Utility Disconnect Hotline that can assist individuals with utility disconnect notices.*

### **DO YOU HAVE A UTILITY DISCONNECT NOTICE? YOU MAY BE ELIGIBLE FOR:**

**2012-2013 Regular HEAP** Regular HEAP opened November 19, 2012. You do not need a disconnect notice to receive regular HEAP and the benefit will be applied to your major heating source only (the utility you heat with). The benefits range from \$20 to \$550 depending on your major heating source. You only need to be the tenant of record to receive this benefit. Call HEAP at (716) 858-7644 to apply. Certain income guidelines apply. \*HEAP is expected to close on March 15, 2013.

**2013 Emergency HEAP** Emergency HEAP opened January 2, 2013. The benefits range from \$160 to \$600. You need a disconnect notice to receive this benefit and you also need to be the tenant and customer of record. You can receive one grant for your major heating source and one for heat related electric. Call HEAP to apply if you have already received regular HEAP. Each grant will put a 30-day hold on your account.

### **OTHER AVAILABLE PROGRAMS**

**National Fuel's Neighbor 4 Neighbor Heat Fund** You can receive up to \$400 per year grant if you qualify. Call Catholic Charities at (716) 856-4494 or Salvation Army at (716) 883-9800 ext. 230 to apply.

### **National Fuel's Low Income Customer Affordability Assistance Program (LICAAP)**

LICAAP offers eligible households discounted natural gas rates and allows monthly forgiveness of past debts. Call National Fuel at 1-800-365-3234 for more information.

National Fuel also has special programs in place for elderly, blind or disabled individuals. Call National Fuel with any questions, Both National Grid and NYSEG have similar programs to National Fuel's programs.

### **EMERGENCY ASSISTANCE FOR UTILITIES AT THE ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES (ECDSS)**

This is a separate program from HEAP. You must have a disconnect notice from your gas and/or electric company and must exhaust HEAP first, if you are eligible for HEAP and HEAP is open. There are no income guidelines but there are resource limits. You must be the customer and primary tenant of record and attempt to work out a payment arrangement with the utility company. If the utility is National Fuel, you must go to their office at 409 Main Street, Buffalo or if the utility is National Grid, you must call them at 1-800-443-1837.

If you cannot work out a payment arrangement, you can go to ECDSS to apply. You must bring a copy of your landlord statement, disconnect notice, financial statement, lease, rent receipt or deed, identification for anyone age 18 or older, proof of your income, resources and expenses. If you cannot get all of the above items, ask ECDSS for help. ECDSS must make a determination that same day.

In most cases, ECDSS can only look back 4 months and pay the last 4 months' worth of arrears. The assistance may be a grant or a loan depending on your income. If your income is too high to receive Temporary Assistance ("TA") and you do not receive SSI benefits, you will most likely receive a loan for the assistance. If you are a recipient of TA or SSI, ECDSS can look back 10 months and pay the most recent 4

months of arrears. The assistance will put a 30-day hold on your account.

If you are an SSI recipient, ECDSS cannot require you to pay back the assistance and in addition to paying the most recent 4 months' worth of arrears, ECDSS must also provide you with a 6 month guarantee of service. This means that your utility cannot be disconnected during those 6 months.

**WHERE DO I APPLY FOR EMERGENCY ASSISTANCE FOR UTILITIES?** Apply for emergency assistance for utilities at 478 Main Street, 6th Floor, Buffalo. If you are receiving Temporary Assistance contact your case worker.

**WHAT WE DO** We provide free information, referrals, advice and representation to persons who already had their utility disconnected or with utility disconnect notices. We can also provide trainings and information to other advocates and agencies. Call us for more information.

**WHO IS ELIGIBLE FOR OUR SERVICES** Certain income and asset guidelines apply. Call us for our guidelines.

**HOW TO CONTACT US** Please call our office at (716) 847-0650 and state that you have a utility problem. You will be prompted to leave a message and we will return your call as soon as possible.

**IF YOU ARE DENIED BY ECDSS** *GET THE DENIAL IN WRITING.*

You have the right to ask to speak to the supervisor regarding your denial. **If you cannot resolve the problem, call our utility hotline immediately at 716-847-0650 for possible representation. In addition, you have 60 days from your notice to request a Fair Hearing.**

You can request a Fair Hearing by telephone, fax, online or mail at: New York State Office of Temporary and Disability Assistance (OTDA) Office of Administrative Hearings, PO Box 1930 Albany, New York 12201-1930 Telephone No. 1-800-342-3334 Fax No. (518) 473-6735

**Main-Seneca Building • 237 Main Street  
Suite 400 • Buffalo, New York 14203-2794  
Phone: (716) 847-0650 • Fax: (716) 847-0227  
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## SECTION 8 WHYLIFEMINISTRIES' LENDING LIBRARY

The following DVDs, CD, and VHSs are available to borrow for 2 weeks at a time:

### VHS

*The Hard Truth: Unmasking the Abortion Truth*

7 minute video; very graphic

*Eclipse of Reason*

Award-winning documentary about women, and life & death in the womb

Introduction by Chariton Heston and produced by Bernard Nathanson, M.D.

27 minutes long

### DVD

*In the Womb* by National Geographic

This is a 9-month journey of the developing baby; shows 3-D & 4-D ultrasounds

90 minutes long

*The Truth behind Abortion* by EX Ministries

Exposes the spiritual roots behind Planned Parenthood as well as the occult and demonic philosophies that fuel the death culture and silence on AIDs and abortion

*The Gift of Life* by Governor Mike Huckabee

Explores the sanctity of life as a moral issue

71 minutes long (Excellent viewing)

*Lines that Divide: The Great Stem Cell Debate*

Do the ends justify the means? Discusses Fetal Stem Cell Research

57 minutes long

*EGGSploitation* by The Center for Bioethics and Culture

The infertility industry has a dirty little secret; exposé on women donating their eggs.

40 minutes long (Excellent viewing)

*Maafa 21: Black Genocide in the 21st Century* by Life Dynamics

Long, but very informative

### CD

*Speech by Abby Johnson in Buffalo on an exposé of Planned Parenthood*

# CONCLUSION

## **CALLED BY GOD**

BY OSWALD CHAMBERS

**“I HEARD THE VOICE OF THE LORD, SAYING: WHOM SHALL I SEND, AND WHO WILL GO FOR US?”  
THEN I SAID, ‘HER AM !! SEND ME. ISAIAH 6:8**

GOD DID NOT DIRECT HIS CALL TO ISAIAH - ISAIAH OVERHEARD GOD SAYING, “...WHO WILL GO FOR US?” THE CALL OF GOD IS NOT JUST FOR A SELECT FEW BUT FOR EVERYONE. WHETHER I HEAR GOD’S CALL OR NOT DEPENDS UPON MY SPIRITUAL ATTITUDE. “MANY ARE CALLED BUT FEW ARE CHOSEN.” (MATTHEW 22:14). THAT IS, FEW PROVE THAT THEY ARE THE CHOSEN ONES. THE CHOSEN ONES ARE THOSE WHO HAVE COME INTO A RELATIONSHIP WITH GOD THROUGH JESUS CHRIST AND HAVE HAD THEIR SPIRITUAL CONDITION CHANGED AND THEIR EARS OPENED. THEN THEY HEAR “THE VOICE OF THE LORD” CONTINUALLY ASKING “...WHO WILL GO FOR US?” HOWEVER, GOD DOESN’T SINGLE OUT SOMEONE AND SAY, “NOW, YOU GO...” HE DID NOT FORCE HIS WILL ON ISAIAH. ISAIAH WAS IN THE PRESENCE OF GOD, AND HE OVERHEARD THE CALL. HIS RESPONSE, PERFORMED IN COMPLETE FREEDOM COULD ONLY BE TO SAY, “HERE I AM! SEND ME.”

REMOVE THE THOUGHT FROM YOUR MIND OF EXPECTING GOD TO COME TO FORCE YOU OR PLEAD WITH YOU. WHEN OUR LORD CALLED HIS DISCIPLES, HE DID IT WITHOUT IRRESISTIBLE PRESSURE FROM THE OUTSIDE. THE QUIET, YET PASSIONATE, INSISTENCE OF HIS “FOLLOW ME” WAS SPOKEN TO MEN WHOSE EVERY SENSE WAS RECEPTIVE (MATTHEW 4:19). IF WE WILL ALLOW THE HOLY SPIRIT TO BRING US FACE TO FACE WITH GOD, WE TOO WILL HEAR WHAT ISAIAH HERE - “THE VOICE OF THE LORD.” IN PERFECT FREEDOM WE TOO WILL SAY, “HERE AM !! SEND ME.”