
HUSH

A LIBERATING CONVERSATION ABOUT
ABORTION AND WOMEN'S HEALTH

THE COMPANION BOOKLET
WHAT YOU SHOULD KNOW



TABLE OF CONTENTS

- 1 Introduction
- 3 Abortion and Breast Cancer
- 5 Correlation of Abortion to Breast Cancer increase
- 7 Biology of Breast Development
- 9 The Independent Effect of Abortion on Breast Cancer Risk
- 13 What about Miscarriage and Preterm Birth?
- 14 Abortion and Premature Birth
- 15 Abortion and Extreme Premature Birth
- 16 Abortion and Psychological effects
- 19 Conclusion
- 21 Bibliography

INTRODUCTION

This companion booklet is for the purpose of reiterating the lengthy and complex investigation in the documentary film HUSH in an accessible way which highlights some of the most important points and provides references. We encourage those reading this booklet to also watch the film.

Why did we do this film?

We had met some women who had publicly stated ‘my abortion hurt me’. They claimed both psychological and physical damage was done to them, and talked about a link to premature births and breast cancer. But we found that prominent health organizations did not support the statements of these individuals. When we began looking into the subject further we saw a wide range of conflicting information being shared with women from government and private organizations about the long term risks or safety of the procedure. So we agreed as a team: to find the truth for the sake of women everywhere.

What we found was that the “political incorrectness” of the subject seems to get in the way of the scientific information being shared with the public.

We are not scientists. We are documentary makers; just regular individuals like you who spent a significant amount of time in the research of these topics, and have presented our findings in the film HUSH.

What does HUSH reveal?

1 - *Having an abortion before a woman delivers a full term child is associated with an increased risk of breast cancer, especially if the woman is younger than 20, and the further along in pregnancy at the time of the abortion, the greater her risk.*

2 - *Having an extreme preterm birth prior to 32 weeks increases risk of breast cancer*

3 - *Surgical vacuum aspiration abortion, which is still the most common type of abortion, is associated with an increased risk of premature birth and extreme premature birth in future pregnancies. These risks rise exponentially with increasing numbers of abortions, so women who have multiple abortions are at greatly increased risk of extreme preterm birth with future pregnancies.*

4 - *Some women experience negative psychological reactions related to their abortion.*

5 - *A woman is in a higher risk category for psychological problems post abortion if she has:*

- . multiple abortions*
- . an abortion at a young age*
- . an abortion at a late stage of pregnancy*
- . circumstances where she felt pressured to abort*
- . a belief that abortion is morally wrong*
- . a belief that abortion ends the life of a human being (about 50% of women who have abortions believe this).*

6 - *That more study is needed in all these areas to clarify more specifics.*

We think it is important that all people, no matter what stage of life they are at, understand how their choices affect risks related to their health. Read this booklet to learn more about how we came to these conclusions. Instead of an argument, we want to Start A Healthy Conversation.

ABORTION AND BREAST CANCER

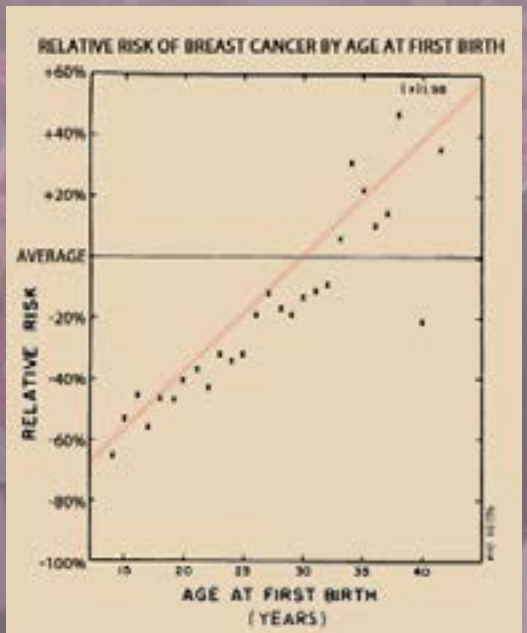
The "Abortion Breast Cancer Link" consists of two separate parts:
The Indirect Effect & The Independent Effect.

The Indirect Effect of Abortion increasing Breast Cancer risk is supported by all worldwide health organizations.

Abortion directly affects some of the recognised reproductive risk factors for breast cancer, contributing to increased rates of the disease for individuals and the public. These risk factors for breast cancer include;

- The age a woman has her first child (*earlier first full term child birth = lower risk of breast cancer, the later the first full term birth = the higher the risk. See Chart below*)
- The number of children a woman has (*Each additional child birth after the first has been shown to decrease breast cancer risk by 7-10%¹*)
- How long a woman breastfeeds (*Each year a woman breast feeds has been shown to decrease breast cancer risk by 4-5%²*)

The chart here shows that if a woman has a first full-term birth at a young age her breast cancer risk is significantly decreased, but if she has her first full-term birth at a late age her breast cancer risk is significantly increased.



Compared to women who have their first child at 18, a first birth in her late thirties produces about 2 and a half times the risk.



Abortion happens in the context of a young woman who has an unplanned pregnancy, and it should be viewed and compared in this way...



This woman can either choose to complete the pregnancy, or abort the pregnancy.



If she carries the pregnancy to term her risk of breast cancer will be significantly decreased versus if she chooses to terminate the pregnancy.

Though all this information is available on public health websites if you look for it⁴, a majority of women still are not aware, and Breast Cancer Awareness organizations tend not to communicate this. Instead of holding to this ideological 'hush', this confirmed Indirect Effect of abortion on breast cancer risk should be widely understood and any statement which says "abortion has no association with breast cancer risk" should be shown to be truly inappropriate, misleading and ideological.

But will the woman who has an abortion have a higher risk of Breast Cancer than if she never became pregnant in the first place?



This is the Independent Effect, and this is where the controversy comes in.

CORRELATION OF ABORTION TO BREAST CANCER INCREASE

In 1970 1 in 12 women developed breast cancer in their lifetime.



Today the number is 1 in 8 women!



And the medical community still has no confirmed reason for this rise.

A correlation between abortion rates and breast cancer rates can easily be seen across the world:

The United States

In the United States a drastic rise of breast cancer cases happened exactly 10 years after the legalization of abortion.



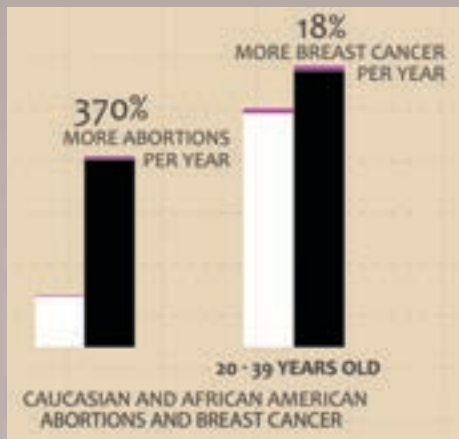
*CDC 2012 data on Breast Cancer

*Guttmacher Institute data on abortion

Women from 25-39 seem to have taken the brunt of this increase. One U.S. study showed that from 1976-2009 Breast Cancer in these young women almost doubled and "No other age group had a similar increase."⁷⁵

The United Kingdom

In England and Wales a similar pattern has been visible.



African American Women

Last but not least, young African American women, who are almost 4 times as likely to have an abortion than caucasian women, have 18% more breast cancer cases, and the medical community has no confirmed reason for this.

BIOLOGY OF BREAST DEVELOPMENT

Estrogen and Progesterone are known carcinogens⁸

The more Estrogen and Progesterone exposure a woman has in her life, the greater her breast cancer risk. This is because these stimulate breast tissue to divide and multiply, which is when DNA errors can occur, and cancer can begin to grow.



This explains most known breast cancer risks.

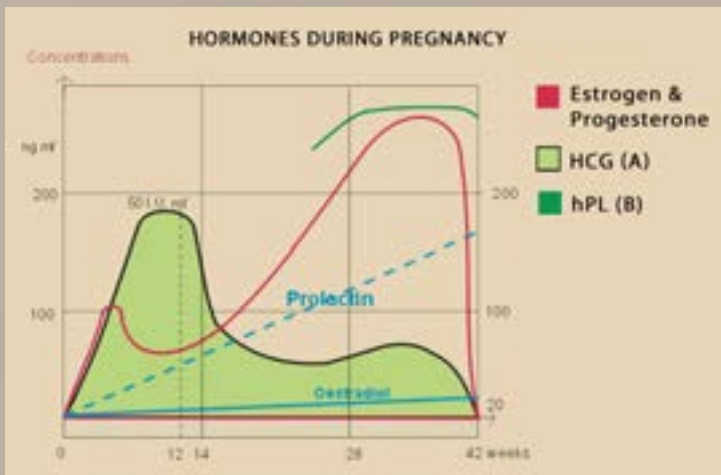
Pregnancy is a major stimulant of estrogen and progesterone, which in turn causes rapid cellular multiplication in the breast tissue. By 20 weeks of pregnancy, a woman's estrogen and progesterone levels have increased by 20 times.

This is why becoming pregnant has been seen to temporarily increase breast cancer risk.¹⁰

But two other hormones are released during pregnancy that decrease the risk of breast cancer in the long run for the woman who carries through to a full term.

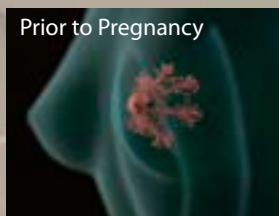
(A) hCG produced by the growing fetus instigates DNA repairs in vulnerable breast tissue

(B) Between 32 and 40 weeks of pregnancy another hormone (hPL) prepares breast tissue for milk production, resulting in fully mature breast tissue that is immune to breast cancer.



11

So if a healthy pregnancy is terminated before 32 weeks, the woman has already had an increase in estrogen and progesterone and a multiplication of breast tissue cells. However, those cells will not reach the final stages of maturity, leaving them vulnerable for cancer to begin.



So the biological mechanism that connects abortion to breast cancer risk increase is logical, it is widely accepted, it continues to be taught and has not been disproven.¹²

THE INDEPENDENT EFFECT OF ABORTION ON BREAST CANCER RISK



What is clear in looking at the epidemiological studies is that there is reason for concern. Despite reassurances from the NCI, WHO and other major medical organisations, at least 56 studies point to a strong independent link between abortion and increased breast cancer rates, with a further 23 studies showing a small association.

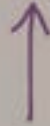
This includes all of the studies from in and around India, which show the most alarming findings to date. All of these studies were published after 2008, and none of them have been taken into account by the world's medical bodies, whose statements were made prior to 2008.

The one laboratory study ever done on this subject found an increased risk of breast cancer for rats who had induced abortions of their pregnancies.¹³

But the opinion of health organizations is that the findings of a few large studies considered to be traditionally more reliable are proof against a link.

There are two types of studies, and they often find opposite results on this subject. One asks women with breast cancer questions about their abortion histories (Retrospective). A majority of these studies do show a link. The second type of study asks women their abortion history at the start and then followed them over time to see if breast cancer occurred (Prospective). The majority of these studies don't show a link.

Because it is known that women often don't tell the truth about their abortion histories, it is possible that this could cause Retrospective studies to show an exaggerated increase in risk.



AND that Prospective studies would result in an inaccurate decrease in results.

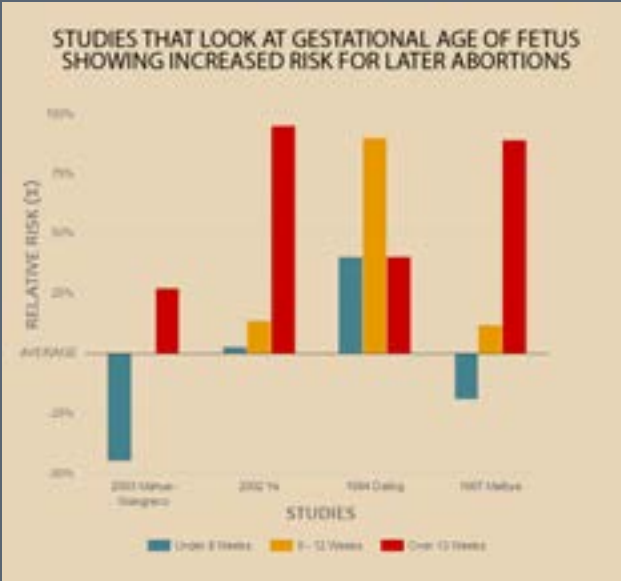
In this very unusual subject, both types of studies have potential for major faults, so we should not rely on one type of study alone. The truth is found somewhere between two extremes, and not simply a 'yes' or 'no' answer, as health organizations currently give us.

If we dig further into the specific information found in all studies, even the prospective studies that health organizations rely on, we see some important patterns that disagree with broad statements that are made:



LATE ABORTIONS

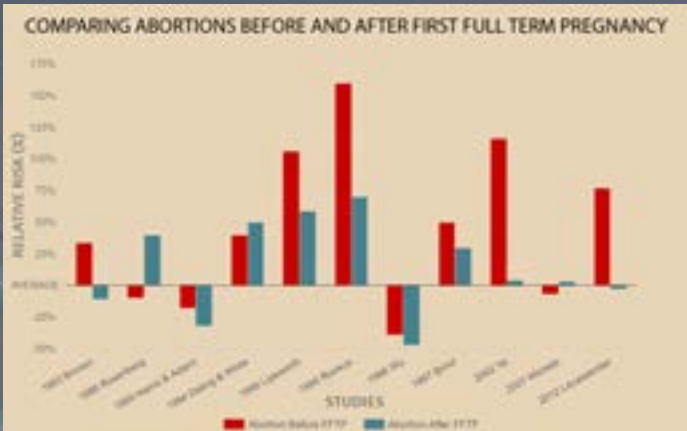
All 4 of the 4 studies that we found that looked at women who had late-term abortions showed an increased risk of breast cancer.



14
15
20
16

ABORTIONS BEFORE AND AFTER FIRST FULL TERM PREGNANCY

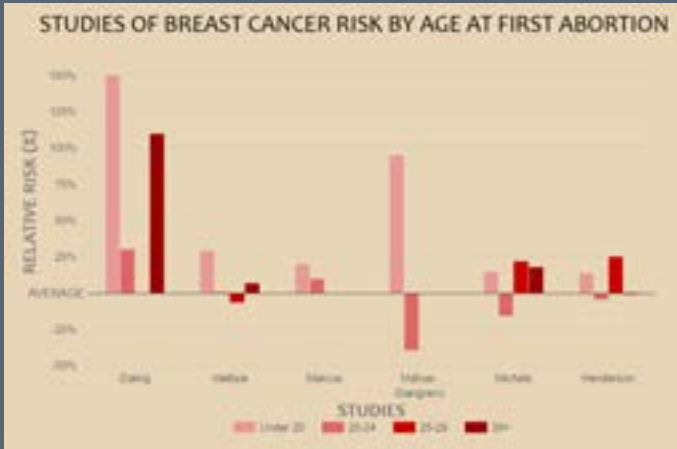
7 out of 11 studies that we found that looked at women who had abortions before a first full-term pregnancy showed an increased risk of breast cancer. Including the large prospective study by Ye et. al. in 2002.



21
22
20
23
24
25
26
15
18
27

FIRST ABORTION AT A YOUNG AGE

All 6 of the 6 studies that we found that looked at women who had abortions at a young age (under 20) showed an increased risk of breast cancer.



20
16
17
14
18
19

One important study by the NCI²⁰ looked even closer by combining some of these groupings and found that;

- Women under 18 who had abortions past 9 weeks of pregnancy showed a 800% increased risk of breast cancer.
- For women who had abortions under 18 who also had a family history of breast cancer - ALL of these women in the study got breast cancer later in life, in other words it showed an *INFINITE* risk.

A Breast Cancer risk increase is CLEAR if you have an abortion ...

- ... When you are young**
- ... When you are late in your pregnancy**
- ... Or when you have not yet had a child**

Yet health organizations have skipped over these important points.

WHAT ABOUT BREAST CANCER RISK FOR MISCARRIAGE AND PRETERM BIRTH?

A majority of miscarriages happen very early due to a lack of important hormones such as progesterone. So it makes sense that most studies find that miscarriage does not increase Breast Cancer risk. But if pregnancy hormones are at normal levels and the miscarriage happens due to physical problems, this would be the same biological situation as having an induced abortion, and breast cancer risk would increase depending on how late the miscarriage happens.

This was noted in the same Daling study -

"Among women who had a (miscarriage), those with breast cancer were more likely to have had the (miscarriage) occur at 9-12 weeks gestation than at 1-8 weeks gestation"

This is also shown clearly in studies of Premature Births and Breast Cancer Risk. 3 out of 3 large studies on this subject find the same thing:



- An increased risk of breast cancer for women with premature births prior to 32 weeks of pregnancy.

- They also reveal how the development between 32 weeks and 36 weeks is extremely important for a majority of breast tissue to complete their maturing resulting in a greatly reduced breast cancer risk.

These 'Analogies of Similar Factors' provide further evidence that the Independent Association between abortion and breast cancer is not just correlational, but causal.

ABORTION AND PREMATURE BIRTH

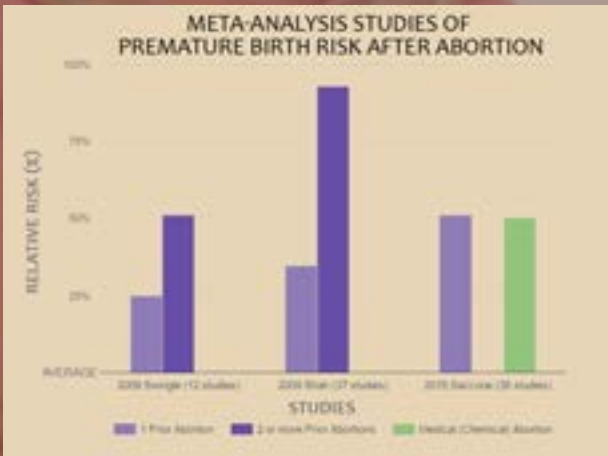
Having a Dilation and Evacuation (D&E) abortion has been proven to increase risk of premature birth in future pregnancies, and more specifically is shown to be an important factor for 'Extreme' and 'Very' Premature births. This is concerning because these are the babies who are most likely to not survive, or to have serious health problems as a result of their prematurity.

One obvious factor which may explain this association with premature births is the potential for damage to the cervix when it is dilated during a surgical abortion.



Having a weakened cervix is known to increase the risk of subsequent premature birth as well as late term miscarriage. Prior surgery on the cervix or Dilation and Curettage (D&C) following an abortion or miscarriage are known causes of a weakened cervix.³¹

There have been dozens of studies on this subject, but the most important are the three published Systematic Reviews with Meta-Analysis (SRMAs). All of these studies conclude an association between surgical abortion and higher rates of premature births in future pregnancies. And they consistently show an important 'dose-effect', increasing risk further if a woman has multiple abortions.



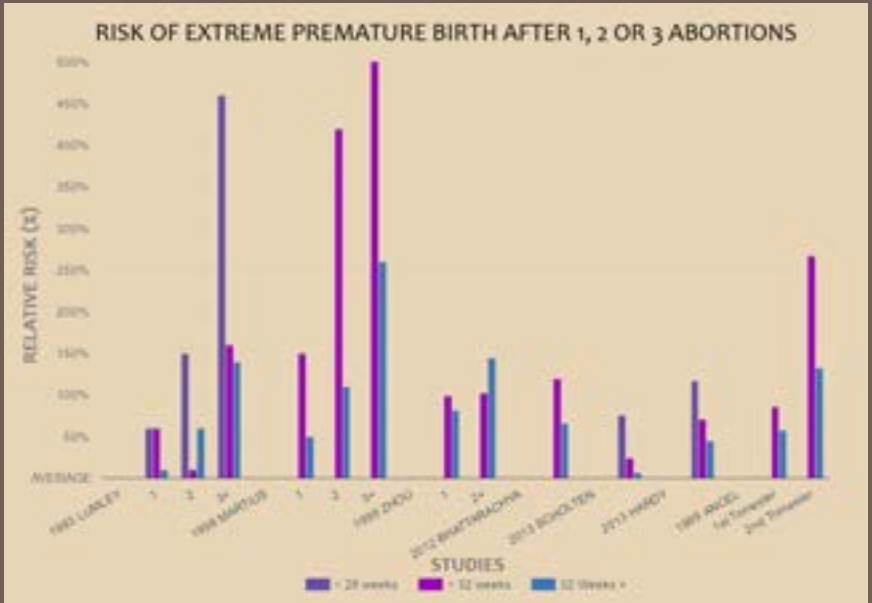
32

33

34

ABORTION AND EXTREME PREMATURE BIRTH

All the studies that have looked specifically at births that happen prior to 32 weeks show that surgical abortion produces an even greater risk of Extreme Premature Birth.



One important health organization in the UK, the Royal College of Obstetricians and Gynaecologists (RCOG), has proclaimed that women should be informed of the association between abortions and an increased risk of premature births.⁴²

AND if having an abortion causes a woman to have a premature birth prior to 32 weeks in a future pregnancy, this would further increase her breast cancer risk! (See page 13)

In spite of all the extremely strong evidence linking surgical abortion to premature births, this information is not shared with women by their doctors, abortion clinics, or other major health organizations.

**Note: The "jury is still out" as to whether medical abortion (the "abortion pill") affects the risk of subsequent premature birth overall, but 1 in 20 medical abortions require a surgical D&C to remove tissue.⁴³ These cases would have the same risk increase as any other surgical abortion.*

ABORTION AND PSYCHOLOGICAL EFFECTS

The effects of abortion on a woman's psychological health have been studied in many ways, and have come up with many different results. But what can we say we know for sure?

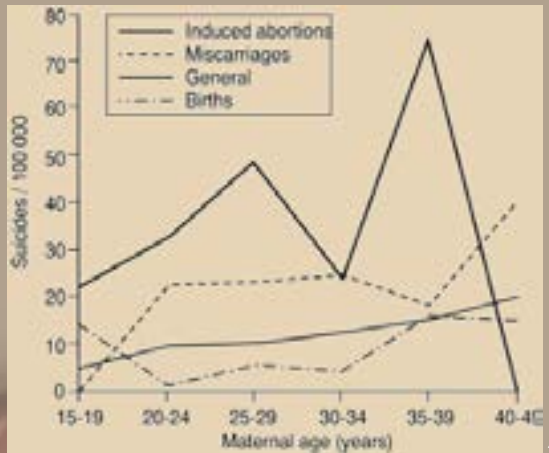
Many women have said that their abortion(s) directly caused psychological pain, resulting in depression, anxiety, substance abuse, relationship problems, self-destructive behavior and suicide attempts. Though there is disagreement about the specific numbers, all experts and researchers on this subject recognise a spectrum of responses from women after abortion. A minority of women suffer severe emotional problems, a larger number suffer less severe problems and many women don't suffer at all.

Studies have shown a correlation between women who have abortions and these mental health problems.

For example it has been shown that women who have abortions are much more likely to attempt, or to actually commit suicide.

Many have said that these problems might not be directly related to the abortion, but may be as a result of other factors that are prevalent in women who have abortions. Some of these factors being poverty, existing relationship problems, prior depression, and the stress of an unplanned pregnancy itself.

But some very recent studies have more specifically studied the differences between pregnancy outcomes in unwanted pregnancies. These studies have consistently found a higher risk of psychological health problems in women who terminate their pregnancies versus those that carry them through.



44

For example, in 2013 David Fergusson, who describes himself as a “pro-choice atheist”, carried out a meta-analysis looking at 8 different studies which compared women who had abortions with women who had unwanted pregnancy which they carried to term. It found that women who had the abortion had higher amounts of depression, anxiety, alcohol abuse, drug abuse, and suicidal ideation.⁴⁵

In fact he found in a study he completed in 2008⁴⁶ that carrying through the unintended pregnancy significantly decreased the risk of alcohol and drug dependency even compared to never becoming pregnant in the first place.



At the end of that study Fergusson concluded that “In general, the results lead to a middle-of-the-road position [not pro-life, not pro-choice] that, for some women, abortion is likely to be a stressful and traumatic life event which places those exposed to it at modestly increased risk of a range of common mental health problems.”

Other factors have been found to predict which women are more likely to be negatively affected by abortion, including:

Having multiple abortions⁴⁷

Having an abortion at a young age⁴⁸

Women who feel pressured to abort⁴⁹

Having an abortion at a late term

Women who feel abortion is morally wrong

Women who believe they are ending the life of a human being
(about 50% of women who have abortions believe this)⁵⁰

So if we know who is most likely to be negatively affected by having an abortion, shouldn't we be providing options, support and counseling to women that is specific to their situation?



CONCLUSION

"I'm a woman who is just now finding out all this information, what does this mean for me?"

Don't be afraid. Just be aware.

If you're sexually active, use some form of birth control.

If you're facing an unplanned pregnancy, consider all the options, and make an educated decision that is best for you.

If you've had an abortion, or multiple abortions, take necessary precautions to prevent breast cancer, premature births, and long term psychological pain:

- Do a self-examination for breast lumps monthly and, if you notice any changes, see your doctor immediately.
- Get mammograms early (40 years old).
- If you become pregnant again, tell your prenatal doctor about your abortion history, and ask for preventative treatment to avoid premature birth.
- Speak to a counselor, psychologist, or your religious leader about your abortion experience.

"an ounce of prevention is worth a pound of cure"
Benjamin Franklin

Having this awareness and making smart, preventative choices can't hurt. We believe that just raising this small bit of awareness, educating one person at a time, can have a real and lasting effect on decreasing breast cancer rates, premature birth rates, and increasing the overall health and well being of women everywhere.

Help us *#StartAHealthyConversation*

HUSH IS ADVOCATING

- *For conversation to open up across political boundaries, to talk about abortion for the sake of women's health.*
- *The need for more and better study in all of these areas to learn more specifics.*
- *For governments and health organizations to remove sweeping generalizations that dismiss these real findings, and instead err on the side of caution for the sake of women.*
- *For counseling to be given to women prior to abortion that is unbiased, and specific to each woman depending on her reproductive history, age and stage of pregnancy.*
- *To decrease rates of breast cancer and premature birth through awareness of all known risk factors, whether or not they are politically correct.*



BIBLIOGRAPHY

- 1 Lambe M, et al. Parity, age at first and last birth, and risk of breast cancer: a population-based study in Sweden. *Breast Cancer Research and Treatment* 1996
- 2 Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries *The Lancet* 2002
- 3 MacMahon B, et al. Age at first birth and breast cancer risk. *Bull World Health Org* (1970)
- 4 NIH National Cancer Institute, Reproductive History and Cancer Risk. www.cancer.gov/about-cancer/causes-prevention/risk/hormones/reproductive-history-fact-sheet Reviewed Nov 9, 2016
- 5 Johnson R, et al 2013. Incidence of breast cancer with distant involvement among women in the United States, 1976 to 2009. *JAMA Oncol*.
- 6 Patrick S. Carroll, "The Breast Cancer Epidemic: Modeling and Forecasts Based on Abortion and Other Risk Factors", *Journal of American Physicians and Surgeons*, Vol.12, No.3 (Fall 2007)
- 7 CDC 2007-2011 Table 3.7.1.1F Female Breast Invasive Cancer Incidence Rates ... by Age and Race and Ethnicity
- 8 NIH National Cancer Institute, Known and Probable Human Carcinogens www.cancer.org/cancer/cancercauses/othercarcinogens/generalinformationaboutcarcinogens/known-and-probable-human-carcinogens, Last Revised: 11/03/2016
- 9 NIH National Cancer Institute, What are the risk factors for breast cancer? www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-risk-factors Last Revised: 09/13/2016
- 10 Dickson RB, et al. Cancer of the breast. In: DeVita VT Jr., Hellman S, Rosenberg SA, editors. *Cancer: Principles and Practice of Oncology*. Vol. 1 and 2. 7th ed. Philadelphia: Lippincott Williams and Wilkins, 2004.
- 11 New Human Physiology, Paulev-Zubieta 2nd Edition Chapter 29 Figure 29.3
- 12 Russo J, et al. The protective role of pregnancy in breast cancer. *Breast Cancer Research* 2005
- 13 Jose Russo and Irma H. Russo, "Susceptibility of the Mammary Gland to Carcinogenesis. II. Preg- nancy Interruption as a Risk Factor in Tumor Incidence," *American Journal of Pathology* 100, no. 2 (1980).
- 14 Mahue-Giangreco M, et al. Induced abortion, miscarriage, and breast cancer risk of young women. *Cancer Epidemiol Biomarkers Prev*. 2003
- 15 Ye, et al; Breast cancer in relation to induced abortions in a cohort of Chinese woman. *Br J Cancer*, 87 (2002)
- 16 Melbye, et. al. Induced abortion and the risk of breast cancer. *N Engl J Med*. 1997; 336
- 17 Marcus PM, et al. Adolescent reproductive events and subsequent breast cancer risk. *Am J Public Health*. 1999
- 18 Michels KB, et al. Induced and spontaneous abortion and incidence of breast cancer among young women: a prospective cohort study. *Archives of Internal Medicine* 2007
- 19 Henderson KD, et al. Incomplete pregnancy is not associated with breast cancer risk: the California Teachers Study. *Contraception*. 2008;77:391-396. doi: 10.1016/j.contraception.2008
- 20 Janet R. Daling, et al "Risk of Breast Cancer among Young Women: Relationship to Induced Abortions", *Journal of the National Cancer Institute* 86 (1994)
- 21 Brinton LA, et al. Reproductive factors in the aetiology of breast cancer. *Br J Cancer*. 1983;47:757-62
- 22 Rosenberg L, et al. Breast cancer in relation to the occurrence and time of induced and spontaneous abortion. *Am J Epidemiol*. 1988 May;127(5):981-989
- 23 Lipworth L, et al. Abortion and the risk of breast cancer: a case-control study in Greece. *Int J Cancer*. 1995 Apr 10;61(2):181-184
- 24 Rookus MA, et al. Induced abortion and risk for breast cancer: reporting (recall) bias in a Dutch case-control study. *J Natl Cancer Inst*. 1996

- 25 Wu AH, et al. Menstrual and reproductive factors and risk of breast cancer in Asian-Americans. *Br J Cancer*. 1996
- 26 Brind J et al.: Induced abortion as an independent risk factor for breast cancer: a comprehensive review and meta-analysis. *J Epidemiol Community Health* 1996
- 27 Lecarpentier J, et al. Variation in breast cancer risk with mutation position, smoking, alcohol, and chest X-ray history, in the French National BRCA1/2 carrier cohort (GENEPSO). *Breast Cancer Res Treat*. 2011
- 28 Vatten LJ, et al. Pregnancy related protection against breast cancer depends on length of gestation. *Br J Cancer* 87: 289–290 (2002)
- 29 Melbye et. al., "Preterm Delivery and risk of breast cancer," *British Journal of Cancer*, 80(3-4): 609-613 (1999)
- 30 Innes KE, et. al., "First pregnancy characteristics and subsequent breast cancer risk among young women." *Int J Cancer*. 2004 Nov 1;112(2):306-11.
- 31 William's Obstetrics Twenty-Second Ed. Cunningham, F. Gary, et al, Ch. 9. Danforth's Obstetrics and Gynecology Ninth Ed. Scott, James R., et al, Ch. 4.
- 32 Swingle HM, et al. Abortion and the risk of subsequent preterm birth. *J Reprod Med*. 2009
- 33 Shah P. et al. Induced termination of pregnancy and low birth weight and preterm birth: a systematic review and meta-analysis. *BJOG*. 2009.
- 34 Saccone G, et al. Prior uterine evacuation of pregnancy as independent risk factor for preterm birth: a systematic review and meta-analysis. *Am J Obstet Gynecol*. 2016
- 35 Lumley J. Very low birth-weight (less than 1,500 g) and previous induced abortion: Victoria 1982–1983. *Aust N Z J Obstet Gynaecol* 1986
- 36 Martius JA, et al. Risk factors associated with preterm and early preterm birth; from the statewide perinatal survey of Bavaria. *Eur J Obstet Gynecol Reprod Biol* 1998
- 37 Zhou W, Sorensen HT, Olsen J. Induced abortion and subsequent pregnancy duration. *Obstet Gynecol* 1999;
- 38 Bhattacharya S, et al. Reproductive outcomes following termination of pregnancy: a national register-based cohort study in Scotland. *BMJ Open*. 2012
- 39 Scholten BL, et al. The influence of pregnancy termination on the outcome of subsequent pregnancies: a retrospective cohort study. *BMJ Open* 2013
- 40 Hardy G, et. al, "Effect of induced abortions on early preterm births and adverse perinatal outcomes." *J Obstet Gynaecol Can*. 2013
- 41 Ancel PY, et al. Very and moderate preterm births: are the risk factors different? *British J Obstetrics Gynaecology* 1999;
- 42 Royal College of Gynaecologists and Obstetricians "The Care of Women Requesting Induced Abortion. Evidenced-based Clinical Guideline Number 7" RCOG Press, Nov. 2011
- 43 Ninimaki M, et al. Immediate complications after medical compared with surgical termination of pregnancy. *Obstet Gynecol*. 2009;114
- 44 Fig. 4 - Gissler M, et al. Suicides after pregnancy in Finland, 1987–94: register linkage study. *BMJ*. 1996
- 45 "Does abortion reduce the mental health risks of unwanted or unintended pregnancy? A re-appraisal of the evidence." *Aust NZ J Psychiatry*, Sept. 2013
- 46 Fergusson DM, et al. Abortion and mental health disorders: evidence from a 30-year longitudinal study. *Brit J Psychiat* 2008
- 47 Harlow BL, et al. Early life menstrual characteristics and pregnancy experiences among women with and without major depression: the Harvard study of moods and cycles. *Journal of Affective Disorders*. 2004
- 48 Major, B. & Cozzarelli, C., "Psychosocial Predictors of Adjustment to Abortion," *Journal of Social Issues* (1992)
- 49 Miller, W.B., "An Empirical Study of the Psychological Antecedents and Consequences of Induced Abortion," *Journal of Social Issues* (1992).
- 50 Adler, N.E., et al., "Psychological Factors in Abortion: A Review" *American Psychologist* (1992).



WWW.HUSHFILM.COM